| Course Enrolment Form |
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| **Course Details** | | | | | | | | | |
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| **Course Title\*** | | | Practical Policy Design in the Northern Territory Public Sector | | | | | | |
| **Course Date(s)\*** | | |  | | | | | | |
| **Applicant Information** | | | | | | | | | |
| **AGS Number** | |  | | | **Classification:** | |  | | |
| **First Name\*** | |  | | | | | | | |
| **Surname\*** | |  | | | | | | | |
| **Position Title\*** | |  | | | | | | | |
| **Agency\*** | |  | | | | | | | |
| **Location:**  Darwin  Katherine  Alice Springs  Other please specify | | | | | | | | | |
| **Email:** | |  | | | | | | | |
| **Telephone:** | |  | | | | | **Mobile:** |  | |
| **Request for Reasonable Adjustments** | | | | | | | | | |
| **Adjustment Required:** | | | |  | | | | | |
| The NTPS strives to accommodate people with disability and makes every endeavour to implement reasonable adjustments to ensure inclusion for all NTG employees. Please ensure you let OCPE know in advance about any adjustments to access the course or its method of delivery that you may require. | | | | | | | | | |
| **Equal Employment Opportunity Information** | | | | | | | | | |
| ***This information will be used for statistical reporting only, individuals will not be identified*** | | | | | | | | | |
| Do you identify as an Aboriginal or Torres Strait Islander? | | | | | | Do you identify as a person with disability? | | Are you aged 50 years or over? | |
| **Applicant’s Commitment** | | | | | | | | | |
| By signing this form, I am confirming that I understand and agree to the following:   * Attend all scheduled days of the course. * In the instance of courses with a $0 charge for participation; a $100 Non-Attendance fee will be charged to agencies for applicants who fail to cancel or do not attend the nominated session. | | | | | | | | | |
| **Signature:** |  | | | | | | | | **Date:**       /       / |
| Tick this box if you do **NOT** wish to receive information (by email) about training and events offered by OCPE. | | | | | | | | | |

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| **Line Manager Endorsement** | | |
| I endorse this application and agree to support the applicant’s participation in the Course by:   * Ensuring release time from the workplace for the applicant to attend the Course * Assisting and providing support to the applicant in completing the Course   I understand that:   * There is no refund if this applicant fails to complete or withdraws after the course has been confirmed. * In the instance of courses with a $0 charge for participation; a $100 Non-Attendance fee will be charged to agencies for applicants who fail to cancel 24 hours prior or do not attend the nominated session. * Agencies are responsible for covering any additional costs (travel, accommodation, travel allowance etc); | | |
| **Name:** |  | |
| **Position Title:** |  | |
| **Signature:** |  | **Date:**       /       / |

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| **Please forward this form to your Human Resources/Learning & Development Area who will coordinate with OCPE**  **PRIVACY STATEMENT:** All information collected from the enrolment will be treated in accordance with the *NT Information Act*. It will be used by the OCPE Strategic Workforce Planning and Development Branch to assist in processing enrolments and administering Courses and may be provided to the Course facilitators to assist in meeting the needs of all participants. |