| Program Nomination: 2016/2017 |
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| *Please select which program/s you are applying for:* | **Nominations Close** | **Program Date(s)** | Cost  *(*GST exclusive) |
| Disability Confidence Training  *Note: Non-attendance will incur a $100 fee to agencies* | 23 JUNE 17 | 29 June 2017  9am – 11am  2pm – 4pm | $0 |
| Disability Confidence Training  *Note: Non-attendance will incur a $100 fee to agencies* | 23 JUNE 17 | 30 June 2017  9am – 11am  2pm – 4pm | $0 |
| Disability Confidence Training  *Note: Non-attendance will incur a $100 fee to agencies*  WEBINAR – Priority given to Remote Locations including Katherine, Tennant Creek and Alice Springs | 23 JUNE 17 | 30 June 2017  11:30am – 12:30pm  WEBINAR | $0 |

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| Leadership & Capability Programs 2017/2018  Note: All LTFs will be issued after 01 July 2017 | | | |
| Machinery Of Government | 16 JUNE 17 | 03 – 07 July 2017 | $1,025 |
| Challenging Unconscious Bias  *Note: Non-attendance will incur a $100 fee to agencies* | 14 JUL 17 | 26 July 2017  9am – 1pm | $0 |
| Challenging Unconscious Bias  *Note: Non-attendance will incur a $100 fee to agencies* | 14 JUL 17 | 27 July 2017  9am – 1pm | $0 |

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| **Please contact your Human Resources / Learning & Development Area for Nominations** |

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| Further Program Information can found at Office of the Commissioner for Public Employment, Strategic Workforce Planning & Development  **Email:** [swpd.ocpe@nt.gov.au](mailto:swpd.ocpe@nt.gov.au) | **Phone:** 8999 3708 | **Street:** Level 10, Charles Darwin Centre, 19 Smith Street Mall, Darwin NT 0800 |
| **PRIVACY STATEMENT:** All information collected from the nomination 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 nominations and administering Programs and may be provided to the Program facilitators to assist in meeting the needs of all participants. |

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| **Selection Process** |
| * Forward completed nomination form to your agency Human Resources / Learning & Development area. * Nominations in some agencies are required to go through a selection process in order to prioritise placements before forwarding nominations to OCPE. * Agencies are requested to nominate candidates in preferred attendance order. |

| **Applicant Information** | | | | |
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| **Gender:** |  | **First Name:** |  | |
| **Classification:** |  | **Surname:** |  | |
| **Position Title:** |  | | | |
| **Agency:** | | | | |
| **Location:**  Darwin  Katherine  Alice Springs  Other please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Email:** |  | | **Phone:** |  |

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| **Equal Employment Opportunity Information** | | | | | |
| ***This section is optional. The information will be used for statistical reporting only.***  ***Individuals will not be identified.*** | | | | | |
|  | Do you identify yourself as an Aboriginal or Torres Strait Islander? |  | Do you identify yourself as person with disability? |  | Are you 50 years or over in age? |

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| **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 when attending this upcoming program. | |

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| **Applicant’s Commitment** | | | | | | | | | | | | |
| Taking responsibility for your own learning begins with a commitment to attend and participate in order to make the program as enjoyable as possible for you and other participants. Non-attendance or lack of participation in any portion of the program may result in non-completion of the course. This is determined and will be at the discretion of the facilitator.  I understand that I must   * **Attend all scheduled days of the Program, as all days are compulsory.** * Commit to participate * In the instance of programs 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:**       /       / | | |
| **Line Manager Endorsement** | | | | | | | | | | | | |
| I endorse this application and agree to support the applicant’s participation in the Program by:   * Ensuring release time from the workplace for the applicant to attend the Program * Assisting and providing support to the applicant in completing the Program   I understand that:   * If this applicant withdraws after invoicing or prior to the commencement of the program, agencies are able to provide a replacement; and * There is no refund if this applicant fails to complete or withdraws after the program has been confirmed. * In the instance of programs 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. | | | | | | | | | | | | |
| **Name** |  | | | | | | | | | | | |
| **Position Title** |  | | | | | | | | | | | |
| **Signature** |  | | | | | | | | | **Date:**       /       / | | |
| **Northern Territory Government Agency** (Note the applicant and the approved financial delegate cannot be the same) | | | | | | | | | | | | |
| **Program Fee: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ excluding GST**  In authorising this payment I understand that:   * Agencies are responsible for covering any additional costs (travel, accommodation, TA etc);   • An invoice (LTF) will be issued after applications close; and  • Program fees are to be paid in full prior to commencement of the program. | | | | | | | | | | | | |
| **Please forward the LTF/invoice to       for processing/coding.**   * This person is **not the financial delegated** authorised to approve the invoice * **This person will code/process invoices** for payment in submit to the financial delegate for approval | | | | | | | | | | | | |
| **Authority To Pay** - As the financial delegate I am authorised to approve the nominated monetary amount | | | | | | | | | | | | |
| Agency Name: | |  | | | | | | | | | | |
| ORG Code: | |  | | | | ABN: | |  | | | | |
| For GST Purposes: Non GBD  GBD\* | | | | | \*GST will be added at the time of issue, only once per organization based on all nominated employees attending per program. | | | | | | | |
| Financial Delegate’s Name: | | | |  | | | | Position: | | |  | |
| Financial Delegate’s Signature: | | | |  | | | | Date: | | | /       / | |
| **Non-Government Agency** (Note the applicant and the approved financial delegate cannot be the same) | | | | | | | | | | | | |
| **Program Fee: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ excluding GST**  In authorising this payment I understand that:   * Organisations are responsible for covering any additional costs (travel, accommodation, TA etc);   • An invoice (LTF) will be issued after applications close; and  • Program fees are to be paid in full prior to commencement of the program. | | | | | | | | | | | | |
| **Authority To Pay** - As the financial delegate I am authorised to approve the nominated monetary amount | | | | | | | | | | | | |
| Organisation Name: | | |  | | | | Unit/Section/Branch: | | | | |  |
| ABN: | | |  | | | | | | | | | |
| Financial Delegate Name: | | |  | | | | Position: | |  | | | |
| Phone Number: | | |  | | | | Email: | |  | | | |
| Delegated Officer’s Signature: | | |  | | | | Date: | | /       / | | | |