

City of Albany Volunteer Bush Fire Brigades Course Nomination Form

Applicants, please complete all applicable fields and return to City of Albany,
attention Emergency Management Coordinator
Mail: PO Box 484, ALBANY WA 6331
Fax: 9841 4099

Course Title					
Course Date/s					
Course Location e.g. Perth, Bunbury					
Have you unsuccessfully applied for this course before?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	FESA ID No.	Volunteer _____		
First Name			Preferred Name		
Surname			Rank	FF / Lt / Cap / FCO	
Postal Address					
				Post Code	
Phone - Home		Work		Mobile	
Brigade			Position		
Is the above your current mailing address? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If a letter is required for your employer please contact the course coordinator.					
			Special dietary requirements: _____		
Signature				Date	

***** Must be signed by the trainee*****

VOLUNTEERS – BRIGADE APPROVAL

Recommended / Not Recommended		Priority: High <input type="checkbox"/> Med <input type="checkbox"/> Low <input type="checkbox"/>	
Signature		Date	
Name in Full		Position/Title	

* Manager/ Supervisor to ensure that any course pre-requisites have been met before recommending

LOCAL GOVERNMENT APPROVAL

Recommended / Not Recommended		Priority: High <input type="checkbox"/> Med <input type="checkbox"/> Low <input type="checkbox"/>	
Signature		Date	
Name		Position/Title	