



# TRAINING COURSE APPLICATION

This form is to be completed by the sponsoring Ex Service Organisation (ESO) Authorised Officer, to nominate a person from their ESO to attend a Training & Information Program (TIP) course. TIP Queensland course information is available on the DVA website at [www.dva.gov.au/ex-service\\_organisations/tip/qld](http://www.dva.gov.au/ex-service_organisations/tip/qld)  
 Incomplete applications may not be accepted. **PLEASE PRINT CLEARLY.**

## SPONSORING ESO DETAILS

EX SERVICE ORGANISATION.....  
 BRANCH..... PHONE NUMBER.....  
 ADDRESS.....  
 ..... POST CODE.....

**Authorised Officer Details**

I endorse this application for ..... to attend the nominated training course and understand that submission of this application certifies that they are an **authorised or trainee** Pensions/Welfare Practitioner or Advocate for this organisation. I understand that endorsing the applicant without the necessary prerequisites absolves TIP of any responsibility in the delivery of effective training to that applicant.

NAME..... POSITION.....

DATE ..... EMAIL ADDRESS .....

**IMPORTANT** – notification of acceptance and any post course evaluation is made by email. Please provide a **clearly written email address** for notifications.

## COURSE DETAILS

COURSE TYPE .....

COURSE DATE/S..... LOCATION .....

NOTE – applications close 4 (four) weeks prior to the course commencement date

PLEASE INDICATE (✓) Whether this is.....  Initial Training OR  Refresher Training

## TRAINEE DETAILS

LAST NAME..... FIRST NAME/S.....

ADDRESS.....

..... POST CODE.....

TELEPHONE (LANDLINE) ..... (MOBILE) .....

EMAIL ADDRESS.....

**IMPORTANT** – notification of acceptance and any other communication is made by email. Please provide a **clearly written email address** for notifications.

DOES THE PERSON HAVE A DISABILITY OR DIETARY REQUIREMENT WE NEED TO KNOW ABOUT? PLEASE SPECIFY –

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**RETURN THIS FORM TO- email: [tip.qld@bigpond.com](mailto:tip.qld@bigpond.com) fax: 07 3358 5809**  
**TIP Administration Officer, PO Box 45 New Farm Qld 4005**  
 INFORMATION CONTAINED ON THIS FORM MAY BE USED BY THE DEPARTMENT TO ASSIST NETWORKING BY COURSE PARTICIPANTS