



# WH&S Training Course Nomination for Students

## Instructions

- Download and save this form to your computer before completing
- Email completed form to Professional & Organisational Development Services (PODS)  
[pods@uow.edu.au](mailto:pods@uow.edu.au)
- INCOMPLETE APPLICATIONS WILL BE RETURNED

## Details

Course Name	<input type="text"/>		
Course Date	<input type="text"/>		
First Name	<input type="text"/>	Last Name	<input type="text"/>
Faculty / School	<input type="text"/>		
Student Number	<input type="text"/>	Contact Number	<input type="text"/>
Email Address	<input type="text"/>		
Do you require any special arrangements at the course because of a disability, medical condition or dietary requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please specify		<input type="text"/>	

## Your Objectives

To help you get the most out of your attendance at this course, we require the following information from you. This information will be used to assess priority for inclusion on courses.

How does this training relate to your present duties and to your career development plan?

What skills and/or knowledge do you want to gain from this course?

**Cancellation Policy**

I understand that, for participants who do not arrive or cancel in less than three workings days prior to the commencement of the course a cancellation fee may be charged to the students work unit, according to the amount stated in the course advertisement.

Student Signature \_\_\_\_\_

**Recommendation from Supervisor and Head of School/Unit** \_\_\_\_\_

All students require a recommendation from their Supervisor and Head of School/Unit.

I support this student this application. I agree to the terms of the Cancellation Policy outlined above.

Supervisors Name

Signature \_\_\_\_\_

Head of School/Unit's Name

Signature \_\_\_\_\_

Project Number  Task

If the financial delegate responsible for the project number provided is not the Head of School/Unit please have the financial delegate sign below authorizing PODS to charge the attendance/cancellation fees (if applicable).

Financial Delegates Name

Signature \_\_\_\_\_