

Course Nomination Form



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

This form is for students and staff of UOW Entities (UOW Global Enterprises and UOW Pulse) ONLY.

INSTRUCTIONS

1. Email the **completed** form to Professional & Organisational Development Services (PODS) pods@uow.edu.au

If there are more applications than available, PODS will assign places based on several factors including relevance to job, if the course has been identified as a development opportunity in the current career development plan, and if the applicant previously applied for and missed out on a place on the course.

Every effort will be made to place you in the course for which you nominate. If a place is not available, your name will be placed on a waiting list, and you will be advised about placement in a future course.

Students and Staff of UOW Entities will be charged a fee associated with specific courses. If you have not been provided this information, please contact pods@uow.edu.au (First Aid \$110/person | Provide first aid in a remote or isolated site \$200/person)

Nomination Details

| | | | |
|----------------------|----------------------|--------------------|----------------------|
| First Name | <input type="text"/> | Last Name | <input type="text"/> |
| Staff/Student Number | <input type="text"/> | Email Address | <input type="text"/> |
| Contact Number | <input type="text"/> | Faculty/Department | <input type="text"/> |
| Course Name | <input type="text"/> | Course Date | <input type="text"/> |

Do you require any special arrangements at the course because of a disability, medical condition, or dietary requirement?

No Yes If yes, please specify

YOUR OBJECTIVES

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

1. How does this training relate to your present duties?

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

Policy & Approval

Participants who fail to attend or cancel less than three working days ahead of the course's start date will be charged a cancellation fee in accordance with the advertised course price.

Nominee Signature

Recommendation from Supervisor

I have discussed this nomination with the student/staff and agree that the skills, knowledge, and attitudes gained will be utilised and supported by their current studies/employment. I agree to the terms of the Cancellation Policy outlined above and approve any time off for the student/staff to attend.

Supervisors Name

Supervisor Signature

Project & Task Number

Approved by Financial Delegate (Name)