

**Nomination for a role with the Northern Territory rapid assessment process**

NTES Medal and Honours

Application Form

Thank you for your interest in becoming a member of the Northern Territory rapid assessment process. Please complete the nomination form and send it to the address detailed on the last page. Please direct any questions to the Emergency Management Training Unit of the Northern Territory Emergency Service on 08 8922 3630 or email [ntes@nt.gov.au](mailto:ntes@nt.gov.au).

*Please mark check boxes*   *where appropriate, and leave blank*   *if not relevant*.

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| 1. **NOMINEE DETAILS** | | **Please complete all details clearly** | | |
| Mr  Mrs  Miss  Ms  Other | | | | |
| Given Name(s) |  | | Surname |  |
| Date of Birth |  | | Gender | Male  Female |
| Work phone number |  | | Home Phone Number |  |
| Mobile Phone |  | | | |
| E-mail Address |  | | | |
| Residential Address |  | | | |
| Postal Address |  | | | |

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| 1. **NOMINATION OF ROLES WITHIN THE TEAM**   The follow section requires you to indicate which of the roles in the process you are able to perform.  If you do not want to be considered for a role, please leave the relevant box blank. | | |
| I am nominating for: | | |
|  | Rapid Assessment Team Member – Built | assessment of the buildings or infrastructure in the field |
|  | Rapid Assessment Team Member - Welfare | engagement with affected persons in the field |
|  | Rapid Assessment Team Leader | leader of a team in the field undertaking rapid assessments |
|  | Site Coordinator | coordination of teams working in the field undertaking assessments |
|  | Site administration | assist the Site Coordinator with field administration tasks |
|  | Team logistics officer | assist the Impact Assessment Team with logistics - not field based |
|  | Team planning officer | assist the Impact Assessment Team with planning - not field based |

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| 1. **QUALIFICATIONS, SKILLS, EXPERIENCE** | | **If insufficient space, please attach additional pages** | | |
| **Information**  Qualifications relating to rapid assessment e.g. social worker, trade, first aid, nursing  Experience or skill e.g. second language**,** working with affected people**,** working with remote communities, customer services roles etc. | **Type** | | | **Any additional information**  e.g. specify skill, date of qualification, period of experience |
| **Qualification** | | **Experience** |
| *Example: Language* |  | |  | *Fluent in French* |
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| **IN CASE OF AN EMERGENCY – details of the person that should be notified in an emergency** | | | |
| Mr  Mrs  Miss  Ms  Other | | | |
| Given Name(s) |  | Surname |  |
| Relationship |  | Contact details |  |

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| 1. **OCCUPATION DETAILS** | | | | | | |
| Are you applying as a NTG employee volunteer or through a recognised volunteer organisation (e.g. NTES, Australian Red Cross) | | | | NTG  Volunteer organisation | | |
| Name of organisation/NTG Department | |  | | | | |
| Division/Region | |  | | | | |
| Your nomination must be supported by your organisation (ie NTES Unit Officer, Australian Red Cross, NT Government Agency) | | | | | | |
| Supported | | | Date: | | | |
| Name of manager or unit officer |  | | Position | | |  |
| Any additional comments: | | | | | | |
| Signature: | | | | | Date: | |

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| 1. **CONSENT – THIS SECTION MUST BE COMPLETED** | |
| I agree to be contacted to confirm my availability to attend training, to received notifications and be updated on possible events or deployment.  I give permission for my information to be disclosed to other organisations in relation to the Northern Territory rapid assessment process.  My preferred\* way to be contacted is  Email  Text message  Phone call  \* Please note that it may not always be possible to use the preferred option | |
| Signature: | Date: |

**Once complete please forward your nominations form to:**

Emergency Management Training Unit

Northern Territory Emergency Service

PO Box 39764 Winnellie NT 0821

Or email to [ntes@nt.gov.au](mailto:ntes@nt.gov.au) : in subject line please add “Rapid Assessment Nomination”

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| 1. **FOR OFFICE ADMINISTRATION USE ONLY** | |
| Nomination accepted  Written notification sent to nominee  Details recorded on the database | YES  NO  Date:  Date: |