

DEFENCE FIRE & RESCUE SERVICE COURSE ACKNOWLEDGEMENT

This form may be completed electronically or by hand

This form is to be completed and returned (by post or fax) to the Training Resources Officer at DFTDC within 14 days of receiving notification of a course at the Training School

Details of Student

Surname		Forenames	
Rank/Grade		Staff/Service No	
Station		Contact Number	

Details of Course

Course Number		Course Title	
Commencing on			
I will be attending the course		I will not be attending the course	

Accommodation Requirements

Accommodation Required		Arrival Date	
TV/DVD Combo Required		Departure Date	
Accommodation Not Required		Fire Station Manager must confirm authority to live out	

Authorisation to Live Out

Rank		Name		Signature	
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Additional Information (special dietary needs etc)

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Student Confirmation

I confirm I have read the relevant information from the Joining Instructions and will comply with them as directed. The details above are correct however, should any changes occur I will inform the Course Administration Officer of as soon as possible.

Signature		Date	
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