

2024 Emergo Train System Senior Instructor Course APPLICATION FORM



The Emergo Train System (ETS) is a disaster simulation exercise and training system that uses a series of whiteboards and magnetic symbols to represent resources and a patient bank with descriptions of injuries.

The WA ETS Strategy envisions ETS as a tool of choice for WA Health and contracted ambulance services for training and exercising emergency management arrangements and plans at a local, regional and state level in WA.

Key to achieving that vision is a core group of confident and committed ETS instructors who deliver engaging ETS activities with measurable and relevant outcomes.

The WA ETS faculty in conjunction with Disaster Preparedness Management Directorate invites staff from WA Department of Health, publicly contracted hospitals, and other EM agencies to apply to become ETS instructors.

Applicants should have clinical and/or disaster management experience and ideally will have a current role/portfolio related to disaster preparedness.



Important Notice:

The ETS instructor qualification involves a significant investment by ETS instructors. Attendees are expected to make a firm commitment to deliver;

- **a minimum of one ETS activity per year for their parent organisation; and**
- **assist another ETS instructor with a minimum of one ETS activity per year for the next three years.**

Section 1: Applicant background

Q: Detail your previous exposure to Emergo Train exercises

Q: What is your current role in relation to disaster preparedness?

Q: What type of ETS exercises would you like to deliver?

Code Brown, Code Brown, Code Orange, Pre-hospital, other

Section 2: Course Details

Course	Dates	Location	Cost
ETS Senior Instructor	29 - 31 October 2024	Perth	\$1200 pp
Applications close 30th August 2024			

Section 3: Applicant Details

Full Name		Occupation	
Preferred Name		Mobile	
Department		Email	
Organisation		Dietary Requirements	
Postal Address			

Section 4: Mentor Nomination

Q: Please nominate a qualified ETS Senior Instructor as your mentor.

Note: if you do not have a mentor, please leave this section blank

Full Name		Occupation	
Department		Email	

Section 5: Authorisation details

Dear Approving Manager/Supervisor

The ETS instructor qualification involves a significant investment by ETS instructors.

Attendees are expected to make a firm commitment to deliver;

- a minimum of one ETS activity per year for their parent organisation; and
- assist another ETS instructor with a minimum of one ETS activity per year for the next three years.

Integral to this commitment will be management support to release the ETS instructor to fulfil these commitments.

By supporting this application, I acknowledge and agree to the following:

Please Initial

- | | |
|--|---|
| a. I will release the applicant from duty as stipulated for the course dates (including any travel required to and from Perth) | x |
| b. Any applicable travel and accommodation costs will be covered by the applicant or appropriate training budget for your organisation | x |
| c. If successful, the applicant will be released to deliver a minimum of one ETS activity per year for their parent organisation | x |
| d. If successful, the applicant will be released to assist with at least one ETS activity per year for the next 3 years | x |

The cost of the course will be covered by:

WA Health (please complete section 6a)

All other organisations & the individual applicant (please complete section 6b)

Approving Manager's Details (You must have approval from management before attending this course)

Full Name		Organisation	
Email		Position	
Signature			

Section 6: Payment details

6a – Department of Health Cost Centre

Entity #	<input type="text"/>	Cost Centre #	<input type="text"/>
Account #	<input type="text"/>	Amount	<input type="text"/>
Incurring Officer	<input type="text"/>	Approved by Incurring Officer	<input type="checkbox"/> Date: <input type="text"/>
Contact Number	<input type="text"/>	Email Address	

6b – Payment by Invoice

OR

Payer Name	<input type="text"/>	Purchase Order #	<input type="text"/>
Position/Title	<input type="text"/>	Email Address	<input type="text"/>
Address	<input type="text"/>	Contact Number	<input type="text"/>
Suburb	<input type="text"/>	State	<input type="text"/>
Notes:	<input type="text"/>	Postcode	<input type="text"/>

- 1. Successful applicants will be notified approximately 4 weeks prior to the course via the email address provided.**
- 2. If you require notification of successful application more than 4 weeks prior to the course, please contact the DPMU Training team.**

I confirm that all information in this form is accurate

I confirm that my manager has read section 5 of the form as is aware of the course dates and costs.

I confirm that the payer or incurring officer and certifying officer named in section 6 are aware of and approve of the course fees.

Email to DPMDTraining@health.wa.gov.au