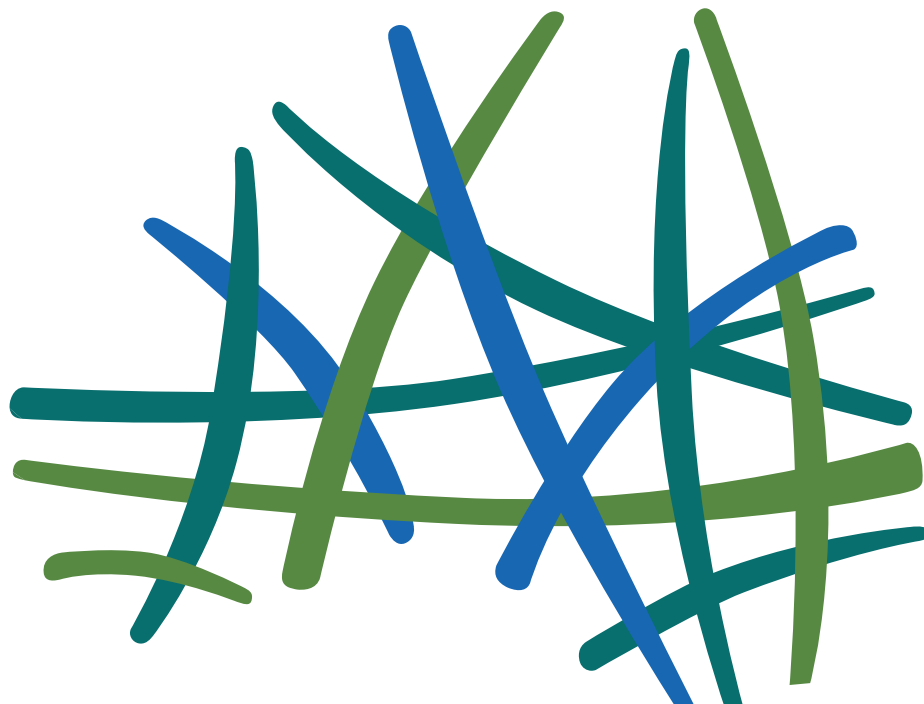


LOGBER - PUAOPE022A (Manage logistics for a level 2 incident)

PUA42912 Certificate IV in Public Safety (Biosecurity Response Leadership)

Registration Brochure

Workshop 20 August - 23 August 2019



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18 Marcus Clarke Street, Canberra, ACT, 2601

INTRODUCTION

Welcome to the National Biosecurity Response Team Logistics Workshop. This workshop is aimed at providing professional development for NBRT members and other suitable logistics participants (as nominated by the Expert Group member). As part of the NBRT program.

The aim of the workshop is to provide participants with an opportunity to develop their biosecurity emergency response capabilities within a Logistics function. The workshop will be utilising the BERTA training and assessment materials. LOGBER (PUAOPE022A) forms part of the elective units of competency from the Certificate IV in Public Safety (Biosecurity Response Leadership) PUA42912 qualification.

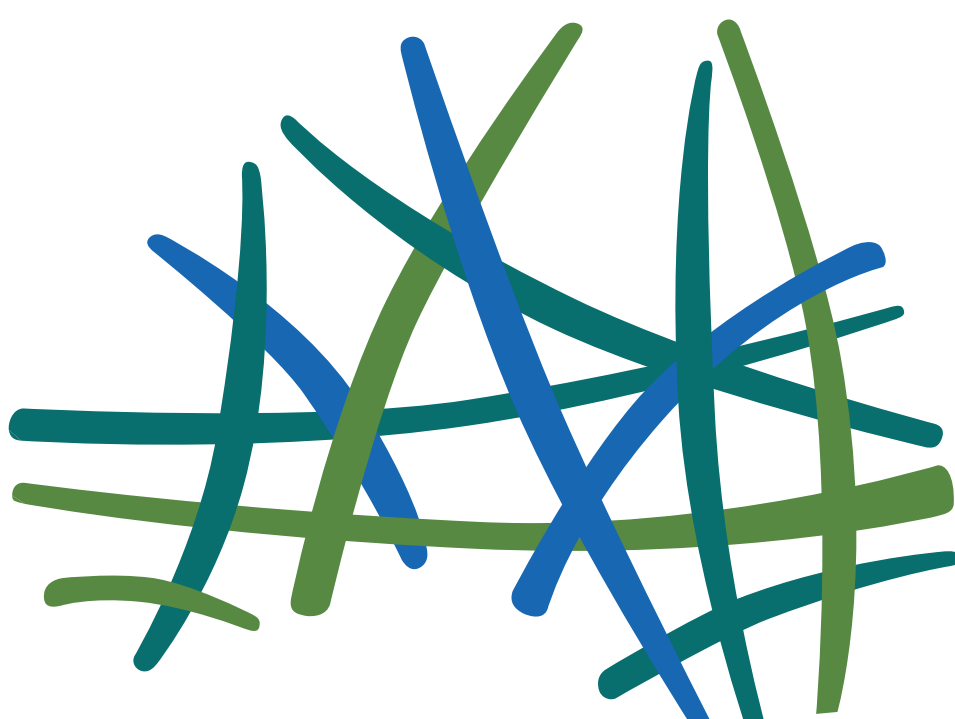
This registration package provides details about the workshop and what you need to do prior to attending, including:

- Workshop aims and objectives
- Location, travel and accommodation details
- Program outline
- Contact information
- Prerequisites for the workshops
- Registration Form
- Attachments with further information

ALL participants please note:

Immediately following the 3 day face to face workshop, a half day workshop will be facilitated on Friday, 23 August that will utilise the logistics experience and knowledge of participants to help develop the BIMS Logistics Guide.

Attendance of jurisdictional staff (including NBRT members) at Animal Health Australia (AHA) hosted training courses, is only available to nominated individuals upon approval by their managers.



LOGBER WORKSHOP & BIMS GUIDE DEVELOPMENT 20 August - 23 August 2019

Start time (Tue-Fri) 8:30am

Finish time (Tue-Thur) 4:30pm

Finish time (Fri) 12:30pm

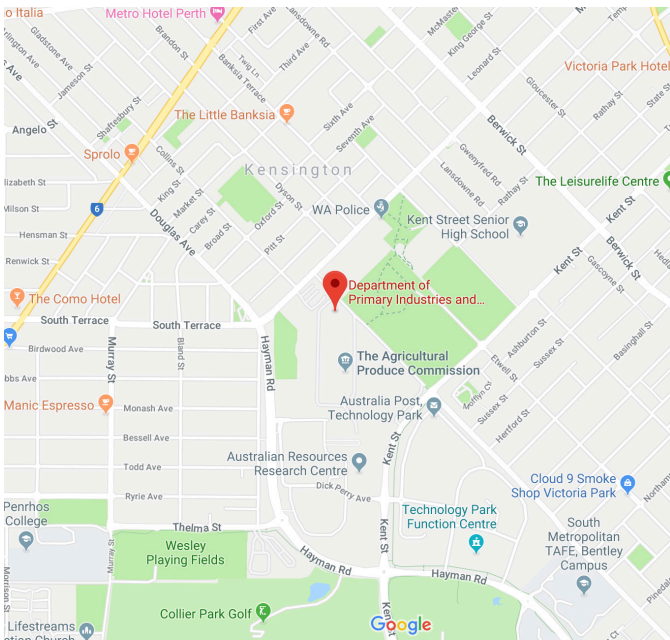
WORKSHOP SESSION OUTLINE

Session	Details
1	LOGBER overview and introductions
2	Establishing a Logistics section
3	Contributing to an IAP
4	Communicating
5	Managing risks
6	Resolving conflict
7	Debriefing the IMT
8	Evaluation and close

TRAVEL & ACCOMMODATION

Travel expenses are covered by the NBRT program for NBRT members attending this workshop only. Jurisdictions are asked to cover travel expenses for non-NBRT members. If NBRT members have not already organised this, please contact nbrt@animalhealthaustralia.com.au.

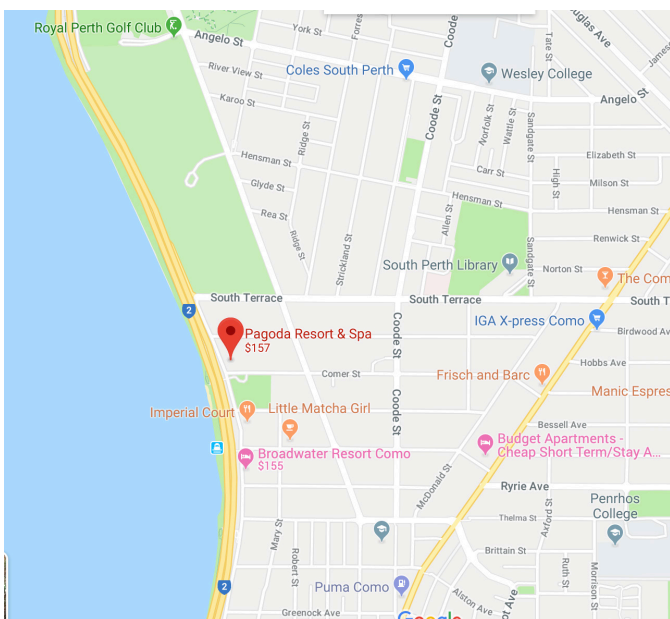
LOCATION



Department of Primary Industries and
Regional Development

Address: 3 Baron-Hay Court, South Perth WA
Phone: (08) 9368 3478

HOTEL RECOMMENDATION



Pagoda Resort & Spa
(3.4 km from the training venue)

Address: 112 Melville Parade, Como WA 6152
Phone: (08) 9367 0300
Email: reception@pagoda.com.au

When booking at the hotel, please quote reference code:
Gov Animal Health Australia to receive the rate of \$180
per night including complimentary parking and buffet
breakfast is additional \$20 per person.

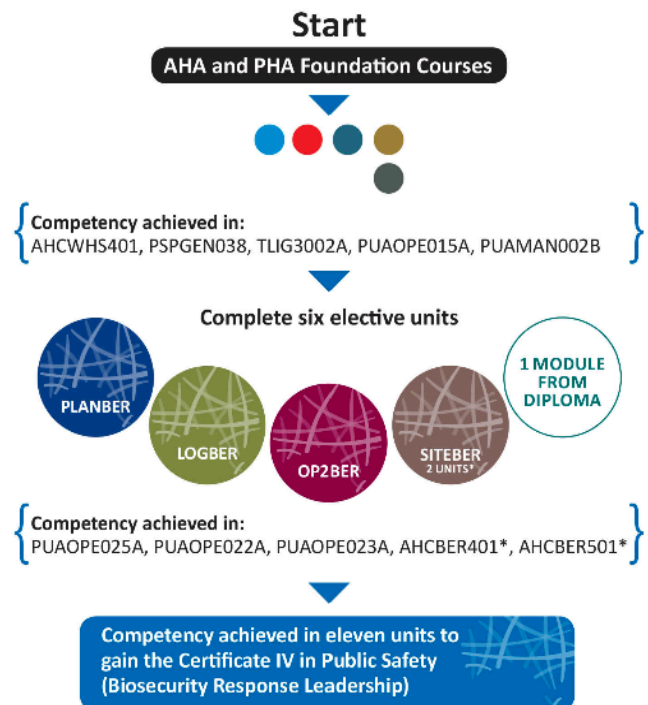
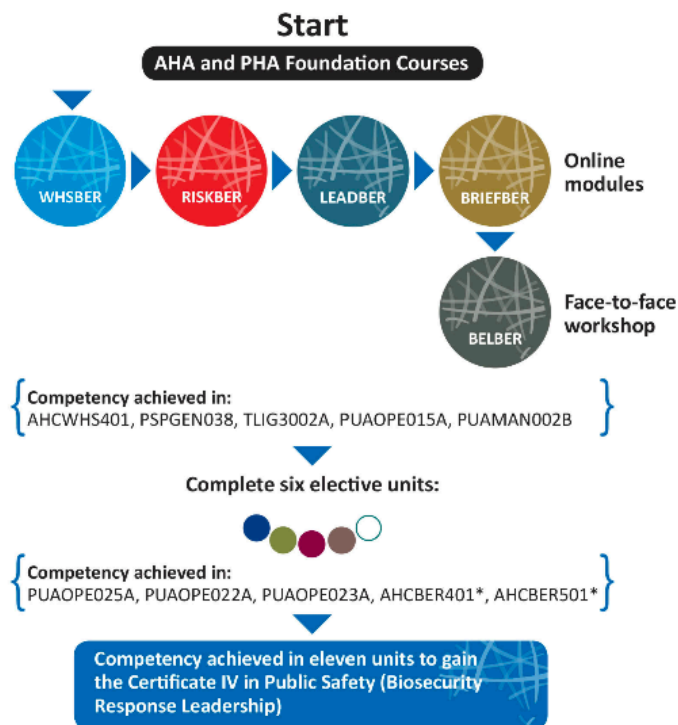
Note: This rate will only be available if booked before
Monday the 12th of August.

ENTRY REQUIREMENTS

For new participants, please complete the 'Getting Started' entry requirements on the BERTA Overview Page in Canvas, which explains the course enrolment process.

All participants are required to successfully complete the online module (please allow 20-30 hours to complete the module) before attending the 3 day face-to-face workshop.

LEARNING PATHWAY



CATERING

Lunch, morning tea and afternoon tea will be provided for participants at the workshop.

Please advise AHA of any special dietary requirements by Thursday 25 July.

Dietary requirements (e.g. vegetarian, gluten free, etc.) Please list in the right hand column	

DRESS CODE

The dress code is smart-casual.

Perth in August typically experiences temperatures ranging between 8 -19°C.

WHAT TO BRING

Participants are expected to bring the following to the workshop:

- Note pad and pens
- Laptop for personal use

CONTACT

For further information regarding the workshop please contact Animal Health Australia on email NBRT@animalhealthaustralia.com.au

Student no#

Enrolment Form

Name of course: _____

Name of Qualification: _____

CODE: _____

Starting date: _____

Course location: _____

Applicant

Surname (family name) _____ Given names _____
(Please print clearly, as this information will be used for any qualifications issued)

male female

Date of birth:/...../.....

USI All students are required to have a Unique Student Identifier (USI)

Please PRINT your USI here: (10 characters)

--	--	--	--	--	--	--	--	--	--

To create a USI please go to <http://www.usi.gov.au/Pages/default.aspx>

Residence

Home address _____
(number)

Postal address _____

Suburb/City _____

Suburb/City _____

State _____ Postcode: _____

State _____ Postcode: _____

Telephone: _____ Email address 1: _____

Mobile phone: _____ Email address 2: _____

Employment

Of the following categories, which BEST describes your current employment status? (tick one box)

- | | |
|---|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Part-time employee |
| <input type="checkbox"/> Self employed – not employing others | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Unpaid worker in family business | <input type="checkbox"/> Unemployed – seeking full-time work |
| <input type="checkbox"/> Unemployed – seeking part-time work | <input type="checkbox"/> Not employed – not seeking employment |

Schooling

What is your highest COMPLETED school level? (tick one box only)

- | | | |
|--|--|---|
| <input type="checkbox"/> completed year 12 | <input type="checkbox"/> completed year 11 | <input type="checkbox"/> completed year 10 |
| <input type="checkbox"/> completed year 9 or equiv | <input type="checkbox"/> completed year 8 or lower | <input type="checkbox"/> did not go to school |

In which YEAR did you complete that school level? _____

Have you SUCCESSFULLY completed any of the following qualifications?

Yes No – go to next section

If YES, then tick ANY applicable boxes

- | | |
|---|---|
| <input type="checkbox"/> Bachelor degree or higher degree | <input type="checkbox"/> Advanced diploma or associate degree |
| <input type="checkbox"/> Diploma (or associate diploma) | <input type="checkbox"/> Certificate IV (or advanced cert / technician) |
| <input type="checkbox"/> Certificate III (or trade certificate) | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Certificate other than the above |

Language and cultural diversity

In which country were you born? Australia Other – please specify _____

Do you hold Australian citizenship, New Zealand citizenship or Permanent Residency? _____

Are you of Aboriginal or Torres Strait Islander origin? No Yes, Aboriginal
(For persons of both Aboriginal and Torres Strait origin, tick both 'yes boxes) Yes, Torres Strait Islands

What language do you speak most at home?

English Other – please specify _____ and how well do you speak English? Very Well Well Not well Not at all

Disability

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

If yes, please tick the areas which apply (Please tick one or more areas)

- | | | |
|---|--|--|
| <input type="checkbox"/> Hearing / deaf | <input type="checkbox"/> Physical | <input type="checkbox"/> Intellectual |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Mental illness | <input type="checkbox"/> Acquired brain impairment |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Medical condition | <input type="checkbox"/> Other _____ |

Reason for Study

- | | |
|--|---|
| <input type="checkbox"/> To get a job [01] | <input type="checkbox"/> To develop my existing business [02] |
| <input type="checkbox"/> To start my own business [03] | <input type="checkbox"/> To try for a different career [04] |
| <input type="checkbox"/> To get a better job or promotion [05] | <input type="checkbox"/> It was a requirement of my job [06] |
| <input type="checkbox"/> I wanted extra skills for my job [07] | <input type="checkbox"/> To get into another course of study [08] |
| <input type="checkbox"/> Other reasons [11] | (Please tick one or more reasons) |

Signature of student: _____ Date: ____/____/____

Student Privacy

I certify that the information given above is correct. **I consent to Tocal College obtaining personal information where necessary from third parties to verify this information. Tocal College complies with the Privacy and Personal Information Act 1998.**

Information on this form will be used by DPI NSW for student administration, program monitoring, evaluation and providing course details. It is necessary for you to provide this information for enrolment. I understand that the information may be used for statistical purposes and disclosed to the National Centre for Vocational Education Research (NCVER), USI Registrar, DEC or an authorised agency to meet legislative reporting requirements. Verification/copies of course details may also be supplied to your employer or other RTOs where required upon request. Information provided will be held securely and disposed of securely when no longer needed. You may correct any personal details provided by contacting DPI NSW. An extended version of this statement is available on the NSW DPI website.

PARTICIPANT CHECKLIST

- Advised AHA of any special dietary requirements by Thursday 25 July.
- Carefully read the NBRT (Logistics) Workshop 2019 Registration Brochure.
- Organised my travel to and from the workshop.
- Booked my accommodation.
- FULLY completed the Total Enrolment Form and returned to NBRT@animalhealthaustralia.com.au at AHA by Thursday 25 July.
- Completed all necessary tasks to meet the entry requirements prior to attending the workshop.
- Reviewed the expectations of myself before, during and after the workshop.
- Completed the registration page (8) and have emailed it to the above email address.

