

# VEMTC Central Highlands Training Campus Course Application

Review the [VEMTC Campus Booking Procedure](#) prior to completing this form



<b>Brigade/Organisation</b>	
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## Course Details/Preferences

LMS Course Number (CFA Use Only)

<i>Requested date/s</i>	<b>Please note:</b> arrival time indicates when you will get there not training start time	
	<i>Arrive:</i>	<i>Depart:</i>

Duration of Course  Days

## Course Information

<b>Title</b>	
<b>DRILL LIST (specify how you plan to run your day - a separate document may be attached if preferred)</b>	

<i>Name of Instructor/s</i>			
1		<i>No of instructors</i>	
2		<i>No of students</i>	
3		<i>No of support staff</i>	
4		<i>No of syndicate groups</i>	

**Course Drill List attached?**  Yes  No

CFA WBS Number

**NB:** Drill List required 3 weeks prior to training date.

I acknowledge & confirm all Instructors mentioned on this form hold the relevant CFA endorsements, competencies and have completed a Campus Induction.

## Authorisation (CFA CLD, MLD)

<i>Name</i>	
<i>Position</i>	
<i>Date</i>	
<i>Telephone</i>	
<i>Email</i>	

## Brigade/Organisation Contact

<i>Name</i>	
<i>Position</i>	
<i>Date</i>	
<i>Telephone</i>	
<i>Email</i>	

Invoice to be emailed to:  
(external clients only)

Upon Completion, email application to [admin.vemtc@cfa.vic.gov.au](mailto:admin.vemtc@cfa.vic.gov.au)

# Central Highlands Campus Facilities

Training Facilities	Equipment Requirements	Room Requirements
<input type="checkbox"/> BA Search & Rescue <input type="checkbox"/> Break & Enter <input type="checkbox"/> Draughting Pit <input type="checkbox"/> Fire Station <input type="checkbox"/> Flammable Liquids – Circular Pit/Island Prop <input type="checkbox"/> Flammable Liquids – Car <input type="checkbox"/> Flammable Liquids – Spoon Drain <input type="checkbox"/> Flexible Prop Point – Flam Trays <input type="checkbox"/> Flexible Prop Point – Kitchen Stove <input type="checkbox"/> Flexible Prop Point – Letter Box <input type="checkbox"/> Gas – BBQ Prop <input type="checkbox"/> Gas – Car Prop <input type="checkbox"/> Gas – Gas Meter Leak <input type="checkbox"/> Gas – Horizontal Bullet <input type="checkbox"/> Gas – Plane Prop <input type="checkbox"/> Gas – Road Tanker <input type="checkbox"/> Gas – Running Drain <input type="checkbox"/> Gas – Skip Bin Prop <input type="checkbox"/> Gas - Vertical Bullet <input type="checkbox"/> Hazmat <input type="checkbox"/> Loading Dock – Car <input type="checkbox"/> Loading Dock – Fat Boy Gas Cylinder <input type="checkbox"/> Loading Dock – Fuel Drums <input type="checkbox"/> Loading Dock - Office <input type="checkbox"/> Low Structure House <input type="checkbox"/> Low Voltage Fuse Removal <input type="checkbox"/> Multi Storey Building <input type="checkbox"/> Off Road Driving <input type="checkbox"/> On Road Driving <input type="checkbox"/> Portable Gas Caddy <input type="checkbox"/> Power Line Prop <input type="checkbox"/> Search & Rescue <input type="checkbox"/> Service Station – Car <input type="checkbox"/> Service Station – Domestic Cylinders <input type="checkbox"/> Service Station – Gas Rupture <input type="checkbox"/> Service Station – Shield <input type="checkbox"/> Service Station – Skip Bin <input type="checkbox"/> Single Storey House <input type="checkbox"/> Solar Panel Prop <input type="checkbox"/> Workshop/Compound	<input type="checkbox"/> BA Sets <input type="text"/> Number <input type="checkbox"/> BA Cylinders <input type="text"/> Number <input type="checkbox"/> Hose Trolley <input type="checkbox"/> Thermal Imaging Camera <input type="checkbox"/> Dummies <input type="text"/> Number <input type="checkbox"/> Atmospheric Monitoring <input type="checkbox"/> Enhanced Forced Entry <input type="checkbox"/> Equipment <input type="checkbox"/> Gas Suits <input type="checkbox"/> Splash Suits	<input type="checkbox"/> Classroom 1 (30 max seating) <input type="checkbox"/> Classroom 2 (30 max seating) <input type="checkbox"/> Classroom 3 - auditorium (25 max seating) <input type="checkbox"/> Classroom 4 – auditorium (25 max seating) <input type="checkbox"/> Conference/Meeting (20 max seating) <input type="checkbox"/> Other (please specify) below: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	<input type="checkbox"/> Morning Tea <input type="checkbox"/> Lunch <input type="checkbox"/> Food intolerances* <p><i>*Please specify (coeliac, vegetarian, nut allergy, etc.)</i></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<input type="checkbox"/> Afternoon Tea <input type="checkbox"/> Dinner <p><b>Meal Times</b> (unless otherwise specified):            Morning tea: 10:00            Lunch: 12:30            Afternoon tea: 15:00            Dinner: 18:00</p> <p style="text-align: right;"><i>Please ensure your drill list correlates to these times</i></p> <p><b>Other Information:</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>