

Nomination and Personal Particulars Form

ARPF:

ARPF Dates:

Target Course:

Target Course Dates:

To be returned by:

Additional information:

On completion the form is to be forwarded electronically by Post staff to all addressees listed below

IP DIV – FET

Email: FET.Nominations@defence.gov.aupaige.wirtanen@defence.gov.aujennifer.howitt@defence.gov.aujustin.moyle@defence.gov.au

DITC

Email: WILDITCarrivals@defence.gov.auMark.wakerly@defence.gov.au

Course Coordinator Contact

Email: Roslyn.Baker@defence.gov.auGraeme.Clark@defence.gov.au

PERSONAL PARTICULARS

Family Name:

Given Names:

Preferred Name/Nickname:

Gender:

Date of Birth:

Country:

Thailand

Service (Navy, Army, Air Force, Civilian):

Army

Corps:

Rank/Grade:

Regimental or Service Number:

Next of Kin

Name:

Address:

Contact phone number:

+

Special Requirements: Please list any special requirements you may have (eg dietary, religious etc)

-

CORRESPONDENCE

Work address:	
Home address:	

Phone numbers:			
Work	+	Fax	
Home	-	Mobile	

Please indicate the positions held for the past 10 years, starting at current posting

Year	Posting/Position

COURSES/QUALIFICATIONS

Please indicate all local, overseas and civilian courses completed during the past 10 years

Year	Course	Qualification (if applicable)	Country

COMPLETION OF THIS INFORMATION BY AUSTRALIAN DEFENCE STAFF IS MANDATORY, THE NOMINATION WILL NOT BE ACCEPTED IF THIS IS INCOMPLETE	
Does the student meet the identified selection criteria and/or category for the course – yes or no?	
Why has the student been nominated for this particular course or seminar (i.e. impending role, current responsibility in this area)?	
Signature, position and date	

Target Course Profile:

S - L - R - W -

Candidate ADFELPS Profile:

Date of Test: S - L - R - W -

*Note this profile is valid for only 12 months and candidates will not be retested for 3 months after test date.

Indicate test version used and Rater's Accreditation Number:

Example only: Listening Rater:

Speaking	<input type="text"/>	<input type="text"/>	Listening	<input type="text"/>	<input type="text"/>
Reading	<input type="text"/>	<input type="text"/>	Writing	<input type="text"/>	<input type="text"/>

Name and Rank of Supervisor

Supervisor's Signature

_____ Date: _____

MOVEMENTS

ARRIVAL				
Date	Route	ETD	ETA	Flight Number
	BKK/MEL			
DEPARTURE				
Date	Route	ETD	ETA	Flight Number
	MEL/BKK			
Visa Information				
All students are to travel on a 576 Student Visa – prior approval must be sought from FET if a 576 Visa can not be arranged.				
Visa Expiry date:				
Name as it appears on Visa/Passport:				