# DEFENCE FIRE & RESCUE SERVICE COURSE ACKNOWLEDGEMENT

This form may be completed electronically or by hand

This form is to be completed and returned by email or post 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		

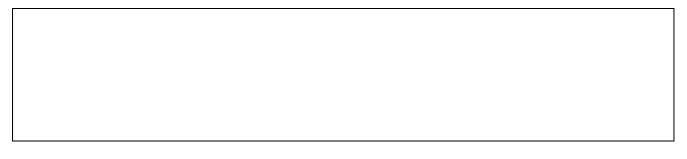
#### **Accommodation Requirements**

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)



## **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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