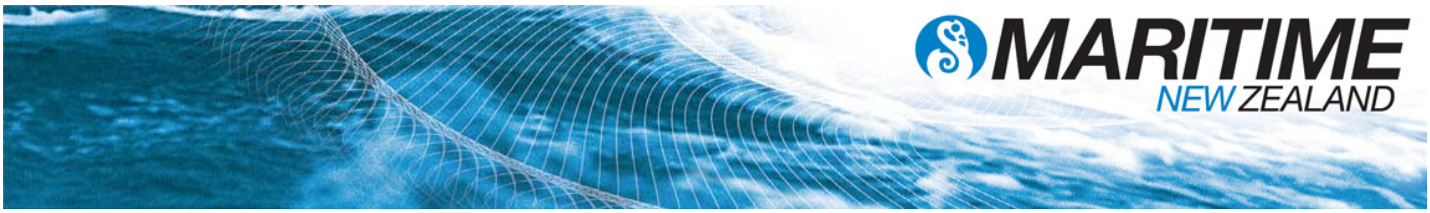

Pollution Prevention

MARINE OIL SPILL RESPONSE COURSE NOMINATION FORM

IMPORTANT! Please print name as it appears on your photo ID (i.e. Driver Licence/Passport)

First name ..... Surname .....

Business Address .....
Council / Corporation

P O Box .....

.....

Normal workplace area.....
(Please advise closest town i.e. Bay of Islands / Coromandel / Timaru / Hokitika etc)

Telephone( ) ..... Business

( ) ..... Cellphone/Home

..... Email Address

Current job title/position .....

Marine oil spill response position (current/proposed) .....

Course Preferences:	*1st*	*2nd*	*3rd*
Course code(s)			
Course date(s)			

Accommodation required ☐ Yes ☐ No

Days accommodation required In: ..... Out .....

Special dietary requirements .....

If flights required please complete this section

From	To	Date	Additional Information for flights

What is the likely role for this person in a response?.....

Previous marine oil spill response training? ☐ Yes ☐ No

If YES, which course and when attended? .....

Does this person have supervisory experience? ☐ Yes ☐ No.

If yes, in what capacity and with how many people? .....

Relevant marine qualifications? .....

[Please print]

Authorised by: .....

Position: .....

Telephone: .....

Signature: .....