



# APPLICATION TO JOIN A BUSH FIRE BRIGADE



1. **City of Gosnells Bush Fire Brigade** **CITY OF GOSNELLS**

2. MR MRS MISS MS  
3. **SURNAME** BLOCK LETTERS

4. **GIVEN NAMES** (IN FULL)

5. **DATE OF BIRTH**  FEMALE  MALE

6. **ADDRESS** HOME  POSTAL

7. **TELEPHONE** HOME  WORK  MOBILE   
EMAIL

8. **MEMBERSHIP TYPE** ACTIVE [A person who will become involved in the operational work of the brigade]   
(please ✓) AUXILIARY [A person involved only in a support role (e.g. Communications/Admin)]   
JUNIOR [An enrollee who is under 18 years of age]

9. **EMERGENCY CONTACT DETAILS** FULL NAME   
ADDRESS   
TELEPHONE  RELATIONSHIP

10. **BRIGADE TRAINING CARRIED OUT (IF KNOWN)**

Course Title	Location	Date of Course

I certify that the above particulars are true and correct

11. **APPLICANT**    
SIGNATURE DATE  
**PARENT/GUARDIAN (IF UNDER 16 YEARS OF AGE)**    
SIGNATURE DATE

12. **AUTHORISED: BRIGADE CAPTAIN/SECRETARY**

DFES USE ONLY ENTERED INTO RMS MEMBERSHIP NUMBER           INITIALS  DATE

Occupation:		
Employer's Name:		
Employer's Address:		
Suburb:	Postcode:	Telephone:
Have you been convicted of any criminal or driving offences in the last 12 months?		
NO	YES	DETAILS

**DECLARATION:**

I hereby declare that the above information is true and correct and if my application is accepted, I will agree to the following:

- 1 I will authorise the Brigade to obtain a Volunteer National Police Certificate;
- \*2 That I will attend a medical examination by a City of Gosnells appointed medical officer as required;
- 3 To promote the objectives of the Brigade at all times;
- 4 To read, understand, be governed by and comply with the Brigade Administration Manual as may be amended from time to time;
- 5 To use my best endeavours to give assistance when called upon, and at all times to obey orders and instructions given by authorised personnel of the brigade;
- 6 I accept that my membership may be terminated at any time, if, at the discretion of the City of Gosnells CEO, the CBFEO (or in their absence the DCBFEO), or the Captain, my actions or behaviour is considered not to be in the best interest of the brigade or council.

*\*Delete as appropriate for Associate Members.*

Signature

Date: / /

Agreement of parent or guardian

Date: / /

**DRIVERS LICENCE**

*I have a current valid Manual Western Australian Motor Drivers Licence and hold the classes as stated below.*

Licence Number

Licence Classes

Expiry Date

Sighted by Captain

Application received by Chief

Application sent to DFES

Application approved



# VOLUNTEER NATIONAL POLICE CERTIFICATE CONSENT FORM

## SECTION A: Applicant Details

Surname/Primary name

Given name/s

Gender

Date of birth

Contact number

Residential address

Postal address *(if different from residential)*

Previous address *(Australian address resided within the last 5 years)*

Date residing at previous residence *(if exact date is unknown, please list year resided)*

### Previous/Alias/Maiden Names (if any)

Surname/Primary name

Given name/s

### Place of birth

Suburb/Town

State

Country

## SECTION B: Details of Volunteer Work

Western Australia

State in which volunteering activity will take place *(which state will you be completing your role – ie WA, NSW)*

Volunteer Firefighter

Position/Title *(name of the role or type of work you will be undertaking)*

City of Gosnells Volunteer Bush Fire Brigade

Place of volunteer work proposed *(name of volunteer agency)*

City of Gosnells

Location/Town *(that you will be volunteering in)*

## SECTION C: Consent and Indemnity

I certify that I am the applicant named in this form and all details herein provided by me are true and correct. I consent to a check of the records of all Australian Police Jurisdictions and to the acknowledgment of the existence of any court outcomes and/or pending charges being provided to the volunteer organisation as named in this document via a Volunteer National Police Certificate (VNPC) issued in my name.

In consideration of the WA Police releasing an acknowledgement of any court outcomes, pending charges and other relevant matters under this application, I hereby indemnify the state of WA, its servants and agents including all members of WA Police against all actions, suits, proceedings, causes of actions, cost, claims and demands whatsoever which may be brought or made against it or them by anybody or person by reason of or arising out of the reason of any details of any court outcomes and other information recorded against my name purporting to either relate to or concern me.

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Volunteer Signature

Date

## SECTION D: Volunteer Agency Verification

I confirm that I have viewed the applicant's ID documents as per the guidelines and verified that the details contained within this form match the ID. I confirm that I am authorised by my volunteer organisation to submit volunteer checks on the applicant's behalf and that I will enter only the details contained on this form into the VNPC online application.

Gosnells Volunteer fire Service

00523

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Volunteer Agency

Agency Code

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Volunteer agency representative signature

Date



# MEDICAL HISTORY FORM

(Confidential and In Confidence)

<b>MEDICAL HISTORY FORM</b>	<p>The Medical History Form is to be <b>completed by the applicant</b> and is designed to identify those medical factors which may render the applicant unable to perform essential requirements of the position, or may result in an increased risk of harm to either the applicant or to other persons and will be used in the Recruitment process.</p> <p>The form is also intended to identify the presence of any disability which, while not preventing unsatisfactory performance of the essential requirements of the position, may have implications with respect to the provision of special facilities or precautions necessary for safety.</p>
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<b>PLEASE NOTE</b>	<p>Under the Workers' Compensation and Injury Management Act 1981, WorkCover WA has the discretion to refuse to award compensation which would otherwise be payable, where it is proved that the worker has, at the time of seeking or entering employment, wilfully and falsely represented themselves as not having previously suffered from the disability, the subject of the claim for compensation.</p> <p>Failure to accurately and completely provide the information requested in the report may lead to disciplinary action against you up to and including termination of employment.</p>
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## 1. Personal Details

<b>POSITION:</b>		
<b>SURNAME:</b>		
<b>FIRST NAME:</b>		<b>D.O.B.</b>
<b>ADDRESS:</b>		
		<b>P/CODE</b>

## 2. General Health

	<b>Yes</b>	<b>No</b>
1. Do you undertake vigorous exercise for more than 20 minutes, 3 times per week? <i>If yes, what activities?</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you taking medicines, mixtures or tablets at present? <i>If yes, please give details</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you drink alcohol? <i>If yes, how many standard drinks would you have in a day?</i> _____	<input type="checkbox"/>	<input type="checkbox"/>

### 3. Personal Health History

Tick <b>Yes</b> or <b>No</b> to the following questions	<b>Yes</b>	<b>No</b>	<u>IF YES, GIVE DETAILS</u>
(1) Do you have any physical disability?	<input type="checkbox"/>		
(2) Is there any defect in the sight of either eye?			
(3) Have you any defect in hearing?			
(4) Are you affected by shift work?			
(5) Are you affected by climbing heights, working in high open frame machinery, confined spaces or underground?			
(6) Do you attend a chiropractor or physiotherapist for treatment of any condition?			
(7) Have you ever had any back problems or received any treatment for a back condition of any kind?			
(8) Have you had any heart trouble or angina?			
(9) Have you had any severe injury or operation?			
(10) Have you ever had any bone fractures or dislocations?			
(11) Have you ever had any ankle/knee trouble of any kind?			
(12) Have you ever had a rupture (hernia)?			
(13) Have you ever had wrist/elbow trouble of any kind?			
(14) Have you ever had any nervous trouble, epilepsy or fainting?			
(15) Have you ever suffered from depression or anxiety?			
(16) Have you ever had skin trouble (dermatitis)?			
(17) Have you ever had repetitive strain injury?			
(18) Have you ever had whiplash from an accident?			
(19) Do you have any allergies?			
(20) Have you a tendency to bleed or bruise excessively?			
(21) Have you ever had Asthma, Tuberculosis or Pleurisy?			
(22) Have you ever had Rheumatics or Arthritis of any form?			
(23) Have you ever had high blood pressure?			
(24) Have you ever had cancer or tumour of any kind (including skin)?			
(25) Have you ever had ear discharge, antrum or sinus trouble?			
(26) Have you ever had persistent headaches?			

**4. Personal Health History – continued**

Tick <b>Yes</b> or <b>No</b> to the following questions	<b>Yes</b>	<b>No</b>	<u>IF YES, GIVE DETAILS</u>
(27) Have you ever had any illness or suffered any breakdown, met with any injury or wound or undergone any surgical operation not already stated above?			_____
(28) Have you ever been on workers' compensation for any reason? (If yes, have you been given a Final Medical?) (If you have <i>not</i> received a Final Medical, please explain)			_____ _____
(29) Is there a reason why you cannot wear safety or protective equipment (i.e., safety boots, earmuffs or plugs, helmets or glasses)?			
(30) Are you taking medicines, mixtures or tablets at present?			

**5. Physical Abilities**

Please answer <b>Yes</b> or <b>No</b> beside each activity with which you have <u>difficulty</u> .								
	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Running 100 metres	<input type="checkbox"/>	<input type="checkbox"/>	Standing for 2 hours	<input type="checkbox"/>	<input type="checkbox"/>	Hearing a normal conversation	<input type="checkbox"/>	<input type="checkbox"/>
Climbing a ladder	<input type="checkbox"/>	<input type="checkbox"/>	Lifting 20 kilograms	<input type="checkbox"/>	<input type="checkbox"/>	Reading ordinary newsprint	<input type="checkbox"/>	<input type="checkbox"/>
Walking on rough ground	<input type="checkbox"/>	<input type="checkbox"/>	Turning your head rapidly	<input type="checkbox"/>	<input type="checkbox"/>	Concentrating on what you are doing	<input type="checkbox"/>	<input type="checkbox"/>
Crouching	<input type="checkbox"/>	<input type="checkbox"/>	Gripping firmly with both hands	<input type="checkbox"/>	<input type="checkbox"/>	Bending repeatedly	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	Using hand tools	<input type="checkbox"/>	<input type="checkbox"/>			
Sitting for 2 hours	<input type="checkbox"/>	<input type="checkbox"/>	Repetitive movement of hands/arms	<input type="checkbox"/>	<input type="checkbox"/>			

I hereby declare that the proposed employment is sought by me on the faith of the above; that all answers to these questions in such are strictly correct and that I have withheld no information material to my application for employment, and I agree that my application and the above statements shall be the basis of such employment and authorise release to the City of Gosnells. I am also aware that a pre-employment medical examination may be conducted by a registered Medical Practitioner of the City of Gosnells choice, who will advise the City of my medical fitness for the employment offered.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Witness to Signature: \_\_\_\_\_