APPLICATION TO JOIN A BUSH FIRE BRIGADE

1. Gosnells — **BRIGADE NAME**; City of Gosnells — **LOCAL GOVERNMENT**

2. MR ☐ MRS ☐ MISS ☐ MS ☐

3. **SURNAME** BLOCK LETTERS

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

5. **DATE OF BIRTH** FEMALE ❑ MALE ❑

6. **ADDRESS**

HOME	POSTAL
POST CODE	POST CODE

7. **TELEPHONE**

HOME	WORK	MOBILE	PAGER

EMAIL

8. **MEMBERSHIP TYPE** (please ✓)

ACTIVE	[A person who will become involved in the operational work of the brigade]	❑
AUXILIARY	[A person involved only in a support role (e.g. Communications/Admin)	❑
CADET	[An enrollee who is under 16 years of age]	❑

9. **NEXT OF KIN 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** **PARENT /GUARDIAN (IF UNDER 18 YEARS Of AGE)**

SIGNATURE **DATE** **SIGNATURE** **DATE**

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

FIRE SERVICE 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 Police Service Clearance;
*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 be governed by 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 authorized 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 CBFCO (or in his absence the DCBFCO), 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 Classes Licence Number
Expiry Date
Sighted by Captain

Application received by Chief	
Application sent to DFES	
Application approved	

APPENDIX 3

Volunteer National Police Check Application

The WA Police Volunteer National Police Check discloses the applicant's court outcomes and pending charges to the volunteer agency in the form of codes. These codes are a reference to the classification of court outcomes in line with the definitions in the *Spent Conviction Act 1988*.

VOLUNTEER AGENCY	REFERENCE NUMBER

SECTION A: Applicant Details

Primary name/ Surname	Given names
Gender	Date of Birth
Residential Address	

Previous/Alias/Maiden Names

Primary name/ Surname	Given names

Place Of Birth

Suburb/Town	State	Country

Additional Information

Working With Children Card #	Motor Drivers Licence #

SECTION B: 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 acknowledgement of the existence of any court outcomes and/or pending charges being provided to an approved volunteer group.

In consideration of the WA Police releasing an acknowledgement of any court outcomes or pending charges, 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.

Volunteer Signature	Date

SECTION C: Volunteer Agency Verification

I have viewed the applicant's ID documents and verify that the details contained within in this form match the ID.

Volunteer Agency Representative Signature	Date

THIS VOLUNTEER NATIONAL POLICE CHECK APPLICATION ALONG WITH ALL COPIES OF ID MUST BE RETAINED IN A SAFE AND SECURE LOCATION FOR A PERIOD OF 24 MONTHS IN ACCORDANCE WA POLICE AUDITING PROTOCOLS.

CITY OF GOSNELLS

MEDICAL HISTORY FORM

(Confidential and In Confidence)

MEDICAL HISTORY FORM	The Medical History Form is to be **completed by the applicant** 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. 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.

PLEASE NOTE	Under the Workers Compensation and Assistance Act 1981, the Workers' Compensation Board 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. 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.

1. Personal Details

POSITION:	Volunteer Firefighter		
SURNAME:			
FIRST NAME:		**D.O.B.**	
ADDRESS:			
		P/CODE	

2. General Health

	Yes	No
1. Do you undertake vigorous exercise for more than 20 minutes, 3 times per week? *If yes,* what activities?_____	☐	☐
2. Are you taking medicines, mixtures or tablets at present? *If yes,* please give details_____	☐	☐
3. Do you drink alcohol? *If yes,* how many standard drinks would you have in a day?_____	☐	☐

3. Personal Health History

Tick **Yes** or **No** to the following questions	Yes	No	IF **YES**, GIVE DETAILS
(1) Do you have any physical disability?	☐	☐	
(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 stomach ulcers, gall or kidney disorders?	☐	☐	
(19) Have you ever had whiplash from an accident?	☐	☐	
(20) Do you have any allergies?	☐	☐	
(21) Is there any family history of disease like diabetes, heart disease, cancer or arthritis?	☐	☐	
(22) Have you a tendency to bleed or bruise excessively?	☐	☐	
(23) Have you ever had Asthma, Tuberculosis or Pleurisy?	☐	☐	
(24) Have you ever had Rheumatics or Arthritis of any form?	☐	☐	
(25) Have you ever had Goitre or Thyroid troubles?	☐	☐	
(26) Have you ever had high blood pressure?	☐	☐	

4. Personal Health History – continued

Tick **Yes** or **No** to the following questions	Yes	No	IF **YES**, GIVE DETAILS
(27) Have you ever had kidney or bladder disease?	☐	☐	
(28) Have you ever had cancer or tumour of any kind (including skin)?	☐	☐	
(29) Have you ever had ear discharge, antrum or sinus trouble?	☐	☐	
(30) Have you ever had persistent headaches?	☐	☐	
(31) 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?	☐	☐	
(32) Have you ever been on workers' compensation for any reason?	☐	☐	
Have you been given a Final Medical?	☐	☐	*If not please explain progress?*
(33) Is there any reason why you cannot wear safety or protective equipment (ie safety boots, ear-muffs or plugs, helmets or glasses)?	☐	☐	
(34) Are you taking medicines, mixtures or tablets at present?	☐	☐	

5. Physical Abilities

Please answer **Yes** or **No** beside each activity with which you have **difficulty.**

	Yes	No		Yes	No		Yes	No
Running 100 metres	☐	☐	Standing for 2 hours	☐	☐	Hearing a normal conversation	☐	☐
Climbing a ladder	☐	☐	Lifting 20 kilograms	☐	☐	Reading ordinary newsprint	☐	☐
Walking on rough ground	☐	☐	Turning your head rapidly	☐	☐	Concentrating on what you are doing	☐	☐
Crouching	☐	☐	Gripping firmly with both hands	☐	☐	Bending repeatedly	☐	☐
Kneeling	☐	☐	Using hand tools	☐	☐			
Sitting for 2 hours	☐	☐	Repetitive movement of hands/arms	☐	☐			

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.

Signature:_____ Date : _____