MEMBERSHIP REGISTRATION BUSH FIRE BRIGADE

Bush Fire Brigade & Membership Information			
Name of Bush Fire Brigade applying to join			
Local Government	***Shire of Boyup Brook***	Volunteer number	
Membership Type	☐ Probationary	☐ Active	☐ Support/Auxiliary
	☐ Junior/Cadet	☐ Transfer	☐ Dual Membership
Rank and/or radio call sign (optional)			

Applicant Details					
Name	Title	First Name	Middle Name	Last Name	
Occupation			Gender	☐ Male	☐ Female
Date of Birth		Driver's Licence number		Category	
Ethnic background	(optional)	☐ Aboriginal/Torres Strait Islander	☐ Other		
Home Address					
Postal Address	☐ as above				
Primary Phone		Secondary phone	*Optional*		
Email Address					

Emergency Contact Details			
Full Name			
Telephone		Relationship	
Street address	*Optional* ☐ same as applicant		

Brigade Training Attended		
Course Title	Location	Date

Medical Questions

Your responses to the following questions will not exclude you from emergency service volunteering. This information will be used to help determine your suitability for the volunteer role you have applied for.

Do you currently, or have you ever suffered from any of the following physical or mental health conditions?

	Yes	No		Yes	No
Neck or back injuries	☐	☐	Chest pains	☐	☐
Mental or nervous conditions	☐	☐	Colour blindness	☐	☐
Depression or difficulty sleeping	☐	☐	Do you wear glasses or contact lenses	☐	☐
Heart disease	☐	☐	Fear of heights	☐	☐
High blood pressure	☐	☐	Other fears	☐	☐
Hernia or rupture	☐	☐	Dizziness or turns	☐	☐
Asthma	☐	☐	Head injuries	☐	☐
Stomach ulcers	☐	☐	Epilepsy or fits	☐	☐
Deafness	☐	☐	Persistent headaches	☐	☐

If you answered Yes to any of these conditions, please provide further details below.

The regional office will review this information and determine whether you are required to complete further checks. This will be done in consultation with you and your Brigade, group or unit leader.

Declaration

I agree to comply with the legislation that regulates the operations of emergency services in Western Australia. This includes the *Fire and Emergency Services Act 1998*, the *Fire Brigades Act 1942*, and the *Bush Fires Act 1954*, as s applicable to the volunteer emergency service of which I will be a member. In addition, I agree to comply with the DFES policies and procedures that relate to the volunteer emergency service of which I will be a member.

Applicant's signature	Date	Parent/Guardian approval signature	Date
Brigade, Group or Unit approval signature	Date	District Officer, Area Officer or local government approval signature	Date
Brigade, Group or Unit leader name			

Please email completed form to shire@boyupbrook.wa.gov.au or post to
Shire of Boyup Brook PO Box 2, BOYUP BROOK WA 6244

Collection Notice

The Shire of Boyup Brook collects your personal information to respond to your enquiry, process your request, and provide relevant Shire services. We may disclose your information to Shire staff, contractors, or external service providers where necessary to assist in responding to your enquiry or delivering services. This information is collected under the authority of the *Local Government Act 1995 (WA)* and related legislation. If you do not provide the requested information, we may be unable to respond to your enquiry or provide the requested service. To access or correct your personal information, or for more information about how we handle your information, please contact:

Shire of Boyup Brook
Phone: 9765 1200
Email: privacy@boyupbrook.wa.gov.au

Office Use Only			
Date Received		Received by	
Date sent to DFES		Sent by	
Date entered on Shire register		Entered by	
Brigade, Group or Unit leader confirm Criminal History Check documents attached ☐			