

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	<input type="checkbox"/>	<input type="checkbox"/>	Chest pains	<input type="checkbox"/>	<input type="checkbox"/>
Mental or nervous conditions	<input type="checkbox"/>	<input type="checkbox"/>	Colour blindness	<input type="checkbox"/>	<input type="checkbox"/>
Depression or difficulty sleeping	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear glasses or contact lenses	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Fear of heights	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Other fears	<input type="checkbox"/>	<input type="checkbox"/>
Hernia or rupture	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or turns	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Head injuries	<input type="checkbox"/>	<input type="checkbox"/>
Stomach ulcers	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or fits	<input type="checkbox"/>	<input type="checkbox"/>
Deafness	<input type="checkbox"/>	<input type="checkbox"/>	Persistent headaches	<input type="checkbox"/>	<input type="checkbox"/>

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

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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

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 <input type="checkbox"/>			