

BRIGADE.....

This form is used to: (Please tick as appropriate then use the Sections as detailed)

- ☐ **Membership – New member**  
(Sections A, B, C, D, F)
- ☐ **Change membership category or transfer membership**  
(Sections A, B, F)
- ☐ **Terminate membership**  
(Sections A, E)
- ☐ **Membership – Reapply**  
(Sections A, B, C, D, F)
- ☐ **Change personal details**  
(Section A, F and others as relevant)

# A

### MEMBER DETAILS (Please fill in using BLOCK LETTERS)

*\*Mandatory – as appears on legal identity documents (i.e. Drivers Licence)*

LAST NAME\* \_\_\_\_\_

PREVIOUS LAST NAME \_\_\_\_\_

FIRST NAME\* \_\_\_\_\_

PREFERRED NAME \_\_\_\_\_

(This will be used to populate volunteer email address)

MIDDLE NAME/S \_\_\_\_\_

POST NOMINAL \_\_\_\_\_

SALUTATION \_\_\_\_\_

(Mr, Mrs, Miss, Dr etc.)

DATE OF BIRTH\* \_\_\_\_\_

#### GENDER\*

☐ Male ☐ Female ☐ Other, indeterminate, intersex, non-binary

☐ Please tick if home address is postal address

#### HOME ADDRESS\*

##### STREET NUMBER AND NAME\*

#### POSTAL ADDRESS

##### PO BOX/STREET NUMBER AND NAME

TOWN/SUBURB\* \_\_\_\_\_

TOWN/SUBURB \_\_\_\_\_

STATE \_\_\_\_\_ POST CODE \_\_\_\_\_

STATE \_\_\_\_\_ POST CODE \_\_\_\_\_

#### CONTACT PHONE NUMBER/S

Please tick preferred contact method

☐ HOME \_\_\_\_\_

COUNTRY OF BIRTH \_\_\_\_\_

☐ WORK \_\_\_\_\_

CITY/TOWN OF BIRTH \_\_\_\_\_

☐ MOBILE \_\_\_\_\_

LANGUAGES SPOKEN \_\_\_\_\_

#### UNIQUE STUDENT IDENTIFIER (USI) NUMBER

Required for nationally recognised training. Please visit [www.usi.gov.au](http://www.usi.gov.au)

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ABORIGINAL/TORRES STRAIT ISLANDER ☐ Yes ☐ No

#### CLASSIFICATION

☐ STAFF

☐ VOLUNTEER

☐ STAFF AND VOLUNTEER

#### PERSONAL EMAIL ADDRESS

☐ Please tick if you are happy to have your personal email address added to the CFS contact list

☐ Please tick if you are happy to have your personal email address used for training purposes

# B

### NEW MEMBERSHIP, TRANSFER OR CHANGE OF MEMBER CATEGORY

☐ BRIGADE FIREFIGHTER (BF) ☐ BRIGADE OPERATIONAL SUPPORT (BOS) ☐ BRIGADE CADET (BCAD) ☐ HONORARY (HON)

FORMER CFS BRIGADE \_\_\_\_\_

MEMBER ID (If known) \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

## C

**EMERGENCY CONTACT DETAILS \*** (Please provide details of person you wish to be advised in case of emergency)

LAST NAME\* \_\_\_\_\_ FIRST NAME\* \_\_\_\_\_

SALUTATION \_\_\_\_\_ GENDER\* ☐ Male ☐ Female ☐ Other, indeterminate, intersex, non-binary  
(Mr, Mrs, Miss, Dr etc.)

CONTACT PHONE NUMBER\* \_\_\_\_\_

HOME ADDRESS\*  
STREET NUMBER AND NAME\*  
\_\_\_\_\_  
\_\_\_\_\_

TOWN/SUBURB\* \_\_\_\_\_ STATE \_\_\_\_\_ POST CODE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

**MEDICAL ALERTS**

Please indicate only those medical conditions for which immediate assistance may be required on the fire ground, (eg, bee sting allergy, diabetes, etc.), along with medication carried to treat condition and medic alert pendant number, if applicable.

CONDITION \_\_\_\_\_

ACTION/MEDICATION \_\_\_\_\_

**DOCTOR/MEDICAL CENTRE CONTACT DETAILS**\_\_\_\_\_  
\_\_\_\_\_

CONDITION \_\_\_\_\_

ACTION/MEDICATION \_\_\_\_\_

**DOCTOR/MEDICAL CENTRE CONTACT DETAILS**\_\_\_\_\_  
\_\_\_\_\_**DIETARY REQUIREMENTS**\_\_\_\_\_  
\_\_\_\_\_

## D

**MOTOR VEHICLE LICENCES**

TYPE/CLASS	NUMBER	EXPIRY	STATE ISSUED

## E

**RESIGNATION/TERMINATION**

EFFECTIVE DATE        /        /

REASON \_\_\_\_\_

MEMBER'S SIGNATURE (If possible) \_\_\_\_\_

## F

**DECLARATION BY APPLICANT**

I advise that (tick as required):

- ☐ I hereby apply for membership of the CFS and agree to observe all rules, regulations and procedures promulgated in accord with the Fire & Emergency Services Act 2005 and CFS Code of Conduct.
- ☐ I am physically capable of carrying out the duties of the type of membership applied for;
- ☐ I have a Worker's Compensation injury;
- ☐ I am in receipt of a disability benefit and have a current Doctor's clearance or written authority to perform suitable duties, a copy of which has been provided to the Brigade Captain.
- ☐ I undertake to advise the Brigade Captain if at any time this is no longer the case and I am not able to safely carry out the duties I may be called upon to perform.

- ☐ By typing my name below or printing and signing the document, I certify that the above particulars are true and correct.
- ☐ I acknowledge that all personal information in relation to my status as a volunteer member of the SACFS will at all times be maintained in accordance with the privacy principles and will not be provided beyond those within the Emergency Services Sector (including the CFS Volunteer Association and SAFECOM) approved by CFS to have access to such data.
- ☐ I would like to subscribe to receive the CFS Volunteer Magazine
- ☐ I would like to opt out of being a member of the CFS Volunteer Association (more information about the Volunteer Association can be found: [www.cfsva.org.au](http://www.cfsva.org.au))
- ☐ I give permission for the CFS to seek a Unique Student Identifier on my behalf.

Are you a current member of the MFS or SES? ☐ Yes ☐ No

If yes, as a member of the CFS, you approve the transfer of your personal and training records in the event that you undertake training with either MFS or SES

- ☐ I agree to undertake nationally recognised (accredited) and service-level (non-accredited) training, as identified by the CFS, to ensure my personal safety and enhance the delivery of services in creating a safer community.

_____/_____/_____ APPLICANT SIGNATURE	_____/_____/_____ DATE
_____/_____/_____ PARENT/GUARDIAN SIGNATURE IF UNDER 18	_____/_____/_____ DATE

<b>BRIGADE USE – AUTHORISATIONS (Tick appropriate boxes)</b>		_____/_____/_____ DATE VOTED IN BY BRIGADE
<input type="checkbox"/>	POLICE CLEARANCE SIGHTED	
<input type="checkbox"/>	MEDICAL CLEARANCE/AUTHORITY SIGHTED (IF REQUIRED)	
<input type="checkbox"/>	APPLICATION AUTHORISED - BRIGADE CAPTAIN/ADMIN COORDINATOR (DATE)	
SIGNATURE _____ PRINT NAME AND POSITION _____		_____/_____/_____ DATE

<b>REGIONAL USE ONLY - APPLICATION PROCESSED</b>	
<div style="border: 1px solid black; padding: 5px; min-height: 30px;">NEW MEMBER'S ID NUMBER</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">SIGNATURE _____</div> <div style="width: 35%;">DATE ____/____/____</div> </div>