**BROOKTON BUSH FIRE BRIGADES MEMBERSHIP REGISTRATION**

New Member Transferring Member

**SECTION 1 DATE OF APPLICATION ......./....../ 20....**

F Family name Brigade name

Given names Occupation of applicant

Preferred name Employer

Applicant’s address Employer’s address

Date of birth Male Female Driver’s Licence Category Licence Number

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**Membership Sought:** **Contact phone numbers**

Active Support Business Hours

R Reserve Junior After Hours

P Probationary Mobile

**OFFICE USE ONLY**

Date of Receipt at Shire Office ......../...../.20.... Brigade Captain’s Signature...................................

Membership Number ..........................................

**SECTION 2**

**TRANSFER PARTICULARS**

|  |  |  |  |
| --- | --- | --- | --- |
| **BRIGADE NAME** | **FRS/BFS** | **DATE JOINED** | **DATE LEFT** |
|  |  |  |  |
|  |  |  |  |

Postcode

**SECTION 3**

1. Do you have:
2. A sight impairment which may affect the performance of a firefighting role? *Yes/ No*
3. A hearing impairment which may affect the performance of a firefighting role? *Yes/ No*
4. Have you had any recent surgery or hospitalisation that would affect your performance in this role? *Yes/ No*
5. Are you troubled by heights or confined spaces? *Yes/ No*
6. Do you have a drug or alcohol problem that would affect the role? *Yes/ No*
7. Do you have any other condition which may impact on your ability to perform the role? *Yes/ No*
8. Have you experienced any of the following conditions? (Tick if ‘Yes’)
9. High Blood Pressure (g) Abnormal shortness of breath
10. Heart Disease  (h) Seizures, fits, convulsions, epilepsy 
11. Chest pain or angina  (i) Blackouts 
12. Stroke  (j) Back pain or back injury 
13. Asthma  (k) Limb or joint problems 
14. Chronic bronchitis or emphysema 

If you have answered ‘yes’ to any of the above questions, the Captain, will arrange for you to have a medical examination undertaken. The doctor will be asked to complete Section 5 of this form. The medical examination will be at FESA’s expense.

**SECTION 4**

I agree to abide and conform to all Regulations established, or which may be established, under the provisions of the *Western Australian Fire Brigades Act 1942.* I further agree to be subject to the duties and conditions named herein and certify that the information provided by me in this application form is true and correct, to the best of my knowledge.

I understand that I will not officially become a member of the brigade until the brigade votes to accept my application, I successfully complete my probationary period and final formal ratification of my membership is given by the Authority.

Applicant’s signature Parent/Guardian (if a junior)

**Section 5 (to be completed by Examining Doctor)**

To the Doctor,

The SHIRE seeks to ensure that the health and safety of prospective members is not jeopardised through the provision of inappropriate duties or tasks within the brigade. The SHIRE advocates safe working practises at all times. The above named volunteer has indicated a specific condition that may preclude him/her from certain activities. THE SHIRE requires your advice concerning the person’s suitability for their proposed role as a volunteer firefighter and advice as to whether or not any restrictions should be placed on their activities in that role? **Could the applicant perform these tasks safely?**

1. **An operational firefighter’s role may include:**
2. The use of heavy equipement (e.g charged fire hoses), labour intensive handtools. 
3. Drive the firefighting appliances (truck driving)  
4. Perform a variety of tasks in cramped surrounds, on slippery or dangerous surfaces (rooftops, ladders)  
5. Wear protective equipment weighing approximately 25kg.  
6. Work in buildings in a rural environment which may be subject to smoke.  
7. Undertake heavy or awkward lifts in excess of 20kg.  
8. Perform physically demanding work in hot (up to 50celcius) and humid atmospheres.  
9. Wear personal protective equipment (overalls, turnout coat) that can impair body cooling.  
10. Rapid transitions from rest to near maximal exertion without warm up periods.  
11. Use breathing apparatus involving a full face mask and carrying air tanks.  
12. Work requiring sustained physical activity.  
13. **Non-Operational roles may involve:**
14. Perform administrative tasks (typing, entering data using a computer mouse, writing etc.)  
15. Stand for 1-2 hours at a time to conduct a presentation or training session.  

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| Modifications or restrictions to the role: (Please attach extra sheets as required) |
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Doctor’s name (please print) Doctor’s Signature Date

**ACCOUNTS SHOULD BE FORWARDED FOR PAYMENT TO:**

SHIRE OF BROOKTON - PO Box 42

BROOKTON WA 6306

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| --- | --- |
| **Details of Fire Fighting Courses Attended** | **Details of other Specialised Courses Attended** |
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**Start Date Date Probation Completed Date of Termination**

....../....../.20... ....../....../.20... ....../....../.20...

**Brigade Captain’s Signature**

**Date** .........../....../..20.....