



## New Member Application Form

New Member Details	
Surname	
First Name	
Middle Name	
Address	
Date of Birth	
Landline Telephone	
Mobile Telephone	
Email	
Skills, Hobbies, Interests	
Emergency Contact Person 1	
Name	
Relationship	
Landline Telephone	
Mobile Telephone	
Emergency Contact Person 2	
Name	
Relationship	
Landline Telephone	
Mobile Telephone	
Have you been referred by Centrelink?	Yes      No
Is your application for membership: Centrelink's decision OR Your decision?	Centrelink  My Decision

<p>Have you any health conditions that may affect your capacity to operate machinery? If yes, please List</p>	
<p>Are you on medication that may affect your capacity to operate machinery?</p>	

\*\*\*\*\*PLEASE COMPLETE FOR APPLICANTS BETWEEN AGES OF 12 AND 18\*\*\*\*\*

Parent / School or Referral Agency .....

Parent / Teacher or Referral Contact Person Name.....

Phone .....

Responsible Person's Signature: ..... Date: .....

\*\*\*\*\*PLEASE COMPLETE FOR APPLICANTS REFERRED BY ANOTHER AGENCY\*\*\*\*\*

Referral Agency .....

Carer/Support Person/ Referral Contact Person Name.....

Phone .....

Responsible Person's Signature: ..... Date: .....

Applicant's Signature: .....Date: .....

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Office -Date of Induction: .....

OH&S inducted: .....

Forms Complete: .....

Member's Handbook: .....

Skills Audit Complete: .....

Database Entry: .....

Code of Conduct signed: .....

Health & Safety Declaration: .....

Payment Receipt Number: .....

Date: .....