

RURAL FIRE BRIGADE PRE-MEMBERSHIP CHECK

Information submitted on this form is for official QFRS use only. All information is deemed private and confidential and will not be released for any other purpose.

1. Personal Details

Title	Surname	First Name	Other
Residential Address		Postal Address	
		Postcode	Postcode
Work Phone	Home Phone		Mobile Phone

2. Existing Medical Conditions

For the safety of both yourself and those members of your brigade who operate with you, it is essential that you are physically fit and capable of undertaking the duties required of an active firefighter.

Do you intend to participate as:

Operational (Firefighter)
 Support Member

If you selected the Operational (Firefighter) box above, do you have a medical condition which may place some limitations on your role as a Firefighter?

If yes, please have your GP complete the initial medical assessment form prior to submitting this application. Please use the enclosed envelope to return with the rest of your application to your Area Office. This form is to be completed at the applicant's expense.

Yes No

3. Photographic Consent

I agree to the use of any photographs that may be taken of me at official RFS functions (including but not limited to firefighting, training, exercises or fund raising activities) to be used by the Department of Community Safety on the Volunteer Portal. I understand that the Volunteer Portal is for use by registered volunteers only.

Yes
 No

4. Applicant Endorsement

- I hereby certify that to the best of my knowledge the above details are correct.
- I acknowledge that I am not officially a brigade member nor will I participate in any brigade activities until my Pre Membership Check has been completed, I have received a letter from QFRS supporting my application and my application has been officially endorsed by the brigade.
- I have attached a copy of the "Consent to Check National Police Records and Advise a Third Party" form, and included the proof of identity information required.
- I have attached a copy of the "Initial Medical Assessment" form (if applicable).

Signature of Applicant:

Date:

Area Office Use Only

Area Office	<input style="width: 100%; height: 20px;" type="text"/>	Completed QPS Consent Form	<input type="checkbox"/>	Central Office Notification Received	<input type="checkbox"/>
Checked By	<input style="width: 100%; height: 20px;" type="text"/>	Legible ID Provided	<input type="checkbox"/>	Application Successful/Unsuccessful (Please circle)	<input type="checkbox"/>
Date Received	<input style="width: 100%; height: 20px;" type="text"/>	ID Verified	<input type="checkbox"/>	Letter sent to applicant	<input type="checkbox"/>
Notes:	<input style="width: 100%; height: 100px;" type="text"/>	Complete Medical Form Received (if applicable)	<input type="checkbox"/>	Date:	<input style="width: 100px; height: 20px;" type="text"/>
		Entered in QPS Spreadsheet	<input type="checkbox"/>	Copy placed on file	<input type="checkbox"/>
		<input style="width: 80px; height: 20px;" type="text"/> Date sent to Central			



**QUEENSLAND POLICE
AUTHORITY AND INDEMNIFICATION**

**CONSENT TO CHECK NATIONAL POLICE
RECORDS AND ADVISE A THIRD PARTY**

(Family Name)	MR/MRS/MS/MISS
(Given Names)	
(Former Maiden Name, Married Name/s, or Aliases)	
(Residential Address)	
POSTCODE	
TELEPHONE	
PRIVATE ()	BUSINESS ()

DATE OF BIRTH	/ /	PLACE OF BIRTH	Eg. Brisbane, Australia
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PROOF OF IDENTITY REQUIRED

Attach a legible -
 photocopy of your current Driver's Licence OR
 photocopy of your current passport including photograph and signature OR
 photocopies of two other forms of identification bearing your signature

NAME OF THIRD PARTY	RURAL FIRE SERVICE
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This check is for the purpose of undertaking work with the Third Party that is **PAID** **UNPAID**

Reason for Criminal History Check

- New Volunteer
 Deployment
 Brigade Change
 Fire Warden
 VCE

Existing Volunteer ID: _____

I, _____ whose personal particulars are set out above, authorise the Commissioner of Police or his servants or agents to:

check my name against records that are held by the Queensland Police Service or are available to them nationally from other Australian Police Services, and I further agree to provide my fingerprint impressions if required for checking purposes, and if I do not have a conviction or if I only have a conviction that cannot be disclosed by virtue of the Criminal Law (Rehabilitation of Offenders) Act 1986 (Qld) to advise the above-named third party that I do not have a conviction that can be disclosed. If I have a conviction that can be disclosed, I authorise the disclosure to the above-named third party of the details of that conviction. I clearly understand that any details disclosed to the above-named third party will be considered by them and may affect any application I have made with them for a position of trust or employment, or as the case may be.

I hereby agree not to take or suffer or permit to be taken any legal action whatsoever or howsoever against the Crown in the right of the State of Queensland, the Commissioner of Police or any member or agent of the Queensland Police Service in respect of advice given to a third party or the disclosure or use of information relating in any way to records under the name supplied.

SIGNATURE OF PERSON	
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IN THE PRESENCE OF

SIGNATURE OF WITNESS			
PRINTED NAME OF WITNESS		DATE	/ /



RURAL FIRE SERVICE - INITIAL MEDICAL ASSESSMENT

APPLICANT DETAILS

Name	
Date of birth	
Address	

Queensland Fire and Rescue Service is committed to achieving a safe working environment for all. One way of achieving this is to ensure all members are provided with appropriate duties or tasks. The above named has applied for membership as an operational firefighter with a Rural Fire Brigade (RFB).

The following activities are considered part of normal training and fire fighting activities for all operational volunteer members of the RFB. Please advise if the above named has any limitations (medical, physical or psychological), affecting their ability to participate in any of these activities, possibly under emergency conditions*.

OPERATIONAL ACTIVITIES

Please indicate **YES** if the applicant is capable of **safely performing** the stated activity.

ACTIVITY	YES	NO	ADDITIONAL COMMENTS
Exposure to high temperature environment			
Wearing personal protective clothing (helmet, fire resistant overalls, goggles, face mask, safety boots, heat resistant gloves)			
Performing heavy physical work in smoke & heat during wildfire suppression and hazard reduction activities.			
Loading and unloading equipment including heavy items (please specify any lifting restrictions)			
Using heavy equipment eg charged firefighting hose (up to 35kg) and labour intensive tools eg rakes, hoes, shovels, axes.			
Use of breathing apparatus if applicable (approx wt 20 kg)			
Participation in an emergency environment (inc sudden decision making, assistance at road crash rescue scenes, potentially life threatening situations, exposure to sights and smells associated with emergency situations)			
Sudden physical activity after rest period			
Working on uneven ground			
Assisting with traffic management including control at wildfire and assistance at road crash rescue scenes.			
Operation of power operated equipment - chainsaws (various sizes), generators (various sizes), winches			
Operation of radio communications equipment			
Driving a firefighting appliance (including heavy vehicle subject to licence requirements)			

CONFIDENTIAL – Rural Operations collects this information under the provisions of the *Workplace Health and Safety Act 1995*. It will be used for the explicit purposes of determining the applicant's suitability for duties as a volunteer within the Rural Fire Service and to minimise risks to the person's health and safety in the performance of these duties. The privacy and confidentiality of information collected will be respected. Personal information will only be given to another person or body without consent if this is important for their care or is required or authorised by law.



ADDITIONAL MEDICAL INFORMATION

	Yes	No	Comments
Does this person have any known medical conditions (physical or psychological) that may limit or prevent their ability to function in the capacity as an operational volunteer for the RFS? (eg chronic respiratory disease, ischemic heart disease, other relevant cardiac conditions, uncontrolled hypertension, neurological conditions such as seizures, convulsions or epilepsy, and/or diabetes type 1)			
Does this person have any other known physical or psychological risk factors that may limit or prevent their ability to function as an operational volunteer for the RFS? (eg hearing loss, loss of visual acuity, allergies, musculoskeletal conditions eg neck or low back conditions, substance use, skin conditions, psychological conditions eg chronic PTSD)			
Does this person use any medication that may impact upon their ability to function as an RFS volunteer?			

Please provide any further information that you believe will assist in processing this application:

Are you willing to be contacted in confidence by a member of our WH&S staff should further clarification of this information be required?

Yes No

DOCTOR'S NAME OR STAMP	SIGNATURE	DATE

*The activities listed are indicative of those required as a member of a Rural Fire Brigade and are not exhaustive. Further assessment may be required prior to membership acceptance. If you require further information to assist you in completing this form, please contact the Senior WH&S Officer, Rural Operations, QFRS on 07 3247 8141.

Please note: completion of this form is at the applicant's expense.

Office use only

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