Adult Membership Application Form

We're here for you

St John

In order for St John Ambulance Australia (NT) Inc. to maintain safety to its members & community we require all members to maintain a valid National Police Check & Working with Children's Card.

Applicant Details			
Title:	**Full Name:**		
Preferred Name:	**Date Of Birth:**	**Gender:**	
Home Address:		**Postcode:**	
Postal Address:		**Postcode:**	
Email Address:		**Contact Number:**	
Occupation:			
Unique Student Identifier(USI) Number:			
Are you Aboriginal or Torres Strait Islander? ☐ Aboriginal ☐ Torres Strait Islander ☐ No			
Driver's License: ☐ **Yes** ☐ **No**	**State Issued:** ☐ NT ☐ ACT ☐ NSW ☐ VIC ☐ QLD ☐ WA ☐ SA ☐ TAS		**Expiry:**
Previous Service: ☐ **Yes** ☐ **No**			
Working With Children Clearance ☐ **Yes** ☐ **No**	**Working With Children Card Number:**		**Expiry:**

Emergency Contact Details:		
Full Name:	**Contact Number:**	**Relationship:**

Qualifications		
Year Completed:	**Qualification Code:**	**Qualification Title:**

Which area of Volunteering are you interested in?	
☐ Event Health Services ☐ Community Education	☐ Community Response Team ☐ Operational Support

Referee Details		
Title:	**Full Name:**	
Relationship:	**Contact Number:**	**Email Address:**
Title:	**Full Name:**	
Relationship:	**Contact Number:**	**Email Address:**

If you currently hold any of the below, please provide copies:

☐ NT Working with Children Clearance
☐ National Police Clearance
☐ NT Driving Licence (C Class)
☐ HLTAID003 Provide First Aid
☐ HLTAID006 Provide Advanced First Aid
☐ HLTAID007 Provide Advanced Resuscitation
☐ AHPRA Registration

Please ensure you understand the below conditions and requirements:

I, hereby acknowledge as a volunteer member with St John Ambulance Australia (NT) Inc. I shall:

- Abide by current St John Ambulance Australia (NT) Inc. Policies, Procedures, and Code of Conduct.
- Continually maintain or update my skills and knowledge in First Aid, and Child Protection practices.
- Hold a valid Northern Territory Working with Children Clearance
- Present a positive image of St John Ambulance Australia (NT) Inc. to the community
- Undertake a National Police Clearance initially, then bi-annually
- Complete a three (3) month probationary period
- Notify St John Ambulance Australia (NT) Inc. immediately of the suspension of my National Police Clearance, Working with Children Clearance, Driving License or any breach of Policies, Procedures or Code of Conduct
- Return all Personal Protective Equipment (PPE), Uniforms, and Identification Cards issued upon my resignation from St John Ambulance Australia (NT) Inc

Declaration:

I, hereby authorise St John Ambulance Australia (NT) Inc. to contact my nominated referees in regard to my application to become a volunteer, and declare that all the information I have supplied in this application is correct and understand that any false declarations made above will invalidate my application. I also give St John Ambulance Australia (NT) Inc. permission to obtain my photograph and use the image along with my name for all marketing purposes including on social media platforms.

Full Name:	
Signature:	**Date:**

Office Use Only:

Director/Delegate Approval

This application for registration to become a St John Ambulance Australia (NT) Inc. Volunteer has been reviewed and assessed as: ☐ Approved ☐ Not Approved ☐ Approved (on condition):

Full Name:	
Date:	**Signature:**

Adult Membership Medical Questionnaire

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Private & Confidential

To the best of your ability answer the questions below in the space provided, by ticking YES or NO.

COVID-19		
1.	Have you travelled overseas in the last 14 days? If YES, please specify regions:	☐ YES ☐ NO
2.	Have you travelled interstate in the last 14 days? If YES, please specify where:	☐ YES ☐ NO
3.	Are you experiencing any symptoms of COVID-19? (fever, sore throat, dry cough)?	☐ YES ☐ NO
4.	Have you come into close contact with anyone in the last 14 day who has/or may have COVID-19? If YES, please specify:	☐ YES ☐ NO

General		
1.	Have you ever had an operation, procedure or surgery?	☐ YES ☐ NO
2.	Are you an insulin dependent diabetic?	☐ YES ☐ NO
3.	Are you epileptic or ever had a seizure?	☐ YES ☐ NO
4.	Have you ever had OR do you currently have? *(please tick relevant)* ☐ Neck Injury/Back Injury, ☐ Broken a Bone(s), ☐ Arm or Leg Injury, ☐ RSI, ☐ Sciatica, ☐ Frequent/Persistent Backache, ☐ Hernia, ☐ Wrist Strain	☐ YES ☐ NO
5.	Have you ever had OR do you currently have? *(please tick relevant)* ☐ Asthma/COPD, ☐ Heart Disease, ☐ Stroke, ☐ Heart Attack, ☐ Artery or Vein Problems, ☐ High Blood Pressure, ☐ Collapsed Lung (Pneumothorax), ☐ Pacemaker, ☐ Palpitations or Irregular heart beat	☐ YES ☐ NO
6.	Have you ever had: *(please tick relevant)* ☐ Head injury/concussion, ☐ Severe headaches/migraines, ☐ Vertigo, ☐ Another neurological disorder, please specify:	☐ YES ☐ NO
7.	Have you ever had: ☐ Arthritis, ☐ Blood Disorder, ☐ Hepatitis, ☐ Cancer/Tumour, ☐ Kidney Problems, ☐ Hearing Loss, ☐ Vision Issues (Besides Glasses), ☐ Any other chronic illness, please specify:	☐ YES ☐ NO
8.	Are you able to do the following: Climb(ladders, stairs), Squat frequently, Work in dusty areas, Bend & lift, Push, Pull & reach, Read instruments, Read basic print	☐ YES ☐ NO

9.	Do you take any regular medications including inhalers and patches? If YES, please specify:	☐ **YES** ☐ **NO**
10.	Do you have any allergies? If YES, please specify:	☐ **YES** ☐ **NO**
11.	Do you have: ☐ Mental Health, ☐ Psychiatric Illness or PTSD	☐ **YES** ☐ **NO**
12.	Have you ever had, or been told by a doctor that you have a sleep disorder, sleep apnoea, or narcolepsy?	☐ **YES** ☐ **NO**
13.	Have you ever received/ do you have a mental health diagnosis? If YES, please specify:	☐ **YES** ☐ **NO**
14.	Have you got a mental health well-being plan in place?	☐ **YES** ☐ **NO**
15.	Are there any situations you fell apprehensive about attending? If so, please provide comments below.	☐ **YES** ☐ **NO**
16.	Do you suffer/experience or have you suffered/experiences any of the following: ☐ Angina, ☐ Fainting, ☐ Anxiety/panic attacks, ☐ Psychological disorders, ☐ Other	☐ **YES** ☐ **NO**
Comments:		

Member to complete	I, hereby declare that I am physically able to undertake my duties with St John Ambulance Australia (NT) Inc. including being able to push, pull, carry and perform Cardio Pulmonary Resuscitation (CPR) in a pre-hospital/unpredictable setting. I understand that my fitness for duty will be reviewed annually by an approved assessor from St John Ambulance Australia (NT) Inc.
	Name: _____ Signature: _____ Date:

Volunteer Office to Complete	Is the applicant *required to undertake further examination?* ☐ No ☐ Yes, please identify what: ☐ A medical examination ☐ An eye sight examination *Please refer to WHS.*
	Name: _____ Signature: _____ Date: