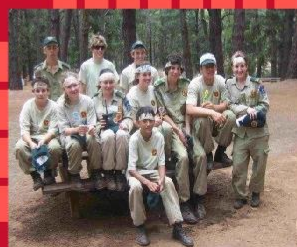




# APPLICATION

## EMERGENCY SERVICES CADET





## APPLICATION FORM - **CONFIDENTIAL**

| Applicant Details                  |  |  |                                     |                      |                            |            |                              |  |  |
|------------------------------------|--|--|-------------------------------------|----------------------|----------------------------|------------|------------------------------|--|--|
| Given Names:                       |  |  |                                     |                      |                            |            |                              |  |  |
| Surname:                           |  |  |                                     |                      |                            |            |                              |  |  |
| Preferred Name:                    |  |  |                                     |                      |                            |            |                              |  |  |
| Date of Birth:                     |  |  |                                     |                      | <input type="radio"/> Male |            | <input type="radio"/> Female |  |  |
| Hereby applies for Appointment as: |  |  |                                     |                      |                            |            |                              |  |  |
| Emergency Services Cadet           |  |  | <input checked="" type="checkbox"/> |                      | Cadet Unit:                |            |                              |  |  |
| Cadet's School:                    |  |  |                                     |                      |                            |            |                              |  |  |
| Contact Information                |  |  |                                     |                      |                            |            |                              |  |  |
| Street Address:                    |  |  |                                     |                      |                            |            |                              |  |  |
| Suburb:                            |  |  |                                     | State:               |                            | Post Code: |                              |  |  |
| Postal Address:                    |  |  |                                     |                      |                            |            |                              |  |  |
| Suburb:                            |  |  |                                     | State:               |                            | Post Code: |                              |  |  |
| Home Phone: (      )               |  |  |                                     | Mobile Phone:        |                            |            |                              |  |  |
| e-mail:                            |  |  |                                     |                      |                            |            |                              |  |  |
| Parent / Guardian Information (1)  |  |  |                                     |                      |                            |            |                              |  |  |
| Given Names:                       |  |  |                                     |                      | Surname:                   |            |                              |  |  |
| Relationship:                      |  |  |                                     |                      |                            |            |                              |  |  |
| Street Address:                    |  |  |                                     |                      |                            |            |                              |  |  |
| Suburb:                            |  |  |                                     | State:               |                            | Post Code: |                              |  |  |
| Postal Address:                    |  |  |                                     |                      |                            |            |                              |  |  |
| Suburb:                            |  |  |                                     | State:               |                            | Post Code: |                              |  |  |
| Home Phone: (      )               |  |  |                                     | Work Phone: (      ) |                            |            |                              |  |  |
| Mobile Phone:                      |  |  |                                     |                      |                            |            |                              |  |  |
| e-mail 1:                          |  |  |                                     |                      | e-mail 2:                  |            |                              |  |  |
| Occupation*:                       |  |  |                                     |                      |                            |            |                              |  |  |
| Parent / Guardian Information (2)  |  |  |                                     |                      |                            |            |                              |  |  |
| Given Names:                       |  |  |                                     |                      | Surname:                   |            |                              |  |  |
| Relationship:                      |  |  |                                     |                      |                            |            |                              |  |  |
| Street Address:                    |  |  |                                     |                      |                            |            |                              |  |  |
| Suburb:                            |  |  |                                     | State:               |                            | Post Code: |                              |  |  |
| Postal Address:                    |  |  |                                     |                      |                            |            |                              |  |  |
| Suburb:                            |  |  |                                     | State:               |                            | Post Code: |                              |  |  |
| Home Phone: (      )               |  |  |                                     | Work Phone: (      ) |                            |            |                              |  |  |
| Mobile Phone:                      |  |  |                                     |                      |                            |            |                              |  |  |
| e-mail 1:                          |  |  |                                     |                      | e-mail 2:                  |            |                              |  |  |
| Occupation*:                       |  |  |                                     |                      |                            |            |                              |  |  |
| * Not compulsory                   |  |  |                                     |                      |                            |            |                              |  |  |



### Demographic Information

Country of Birth:

Languages spoken other than English:

Does your child identify as an Aboriginal or Torres Strait Islander?

☒

Yes

No

Do you consider your child to have a disability, impairment or long term condition?

☒

Yes

No

If yes, please describe:

### Cadet's Education & Relevant Experience

Please list qualifications and courses completed:

**First Aid**

☒

Yes

No

### Medical Information

Medical conditions do not affect membership. The following information is only required to ensure that Cadets are not expected to undertake tasks that are not consistent with their current state of health.

**Disclosure of medical Information:** (Permission to disclose medical information to youth member?)

☒

Yes

No

Please attach a clear copy of any treatment plans (e.g.: Asthma Plan, EpiPen plan, etc.) and list the plans below.

Please list allergies, significant medical conditions or special needs that the applicant experiences, which should be known by the leaders. (e.g.: bee stings, asthma, epilepsy, ADHD, Autism)  
(Please be aware that it is responsibility to inform the Unit Leader if there are ever any changes.)

### Privacy

Personal information is collected primarily for the purpose of considering your child's application for membership as an Emergency Services Cadet. This information will be treated strictly in accordance with the Privacy Policies of the school associated with the unit for which you are applying to, the Department of Local Government and Communities and the Department of Fire and Emergency Services. These organisations adhere to the National Privacy Principles and the Privacy Act 1988 (Cwth).

### Use of Images

Consent for photographic / video images of the applicant being taken and used for promotional purposes.

☒

Yes

No



## Indemnity

If the applicant is accepted as an Emergency Services Cadet, as a Cadet whilst on approved and authorised Emergency Services Cadet Corps activities, they will be covered by the Department of Fire and Emergency Services insurance policy. You (on their own behalf and on behalf of their executors, successors, representatives, assigns, and next of kin) hereby releases, waives and agrees to forego any claim they may have or may later acquire, except where required by mandatory operation of law, against a member, employee or agent of the cadet unit or school, the Department of Fire and Emergency Services or the Department of Local Government and Communities, their officers or employees, who shall not be liable for any liability arising from any occurrence at an Emergency Services Cadet Corps activity which leads to their personal injury or death, or any loss or damage to personal property including, without limitation, any direct, indirect, or special or consequential loss or damage that may arise from the same. This includes travelling to or from such an activity or function. This clause is not intended to reduce, or invalidate, the insurance cover to you or others when engaged in approved and authorised Emergency Services Cadet Corps activities and programs.

## Declaration

I (parent/guardian):

give permission for the child named on this form to undertake to undertake Cadet activities from the date of this agreement until such time as the cessation of membership, including those camps and other outdoor activities as may from time to time be scheduled.

I have completed the Health Statement Form and have attached it to this application.

Sincerely declare that the information on this form is true and I know that it is an offence to make a declaration knowing that it is false. I have read and agree to the privacy arrangements.

Signature parent/guardian:

Date:

In the Presence of (Witness Name):

Witness Signature:

## Medical Authority

I authorise any member, employee or agent of the cadet unit or school, the Department of Fire and Emergency Services or Cadets WA in the event of any accident or illness, to obtain medical assistance or treatment for my child as may be considered necessary. This includes to engage any doctors' or nurse's assistance and to request ambulance transport and/or hospital accommodation. In this event, I agree to pay any member, employee or agent of the cadet unit or school, the Department of Fire and Emergency Services or Cadets WA on demand all such doctors' fees, nurses' fees, ambulance fees, hospital fees and other expenses. This medical authority is not intended to reduce, or invalidate, the insurance cover to your child when engaged in approved and authorised Emergency Services Cadet Corps activities and programs.

I (Parent/Guardian)

Have read and agree to the Medical Authority.

Signature:

Date:

## Uniform Return Agreement

I acknowledge that all items of uniform and equipment issued to my child and receipted by them, remain the property of the Emergency Services Cadets and must be returned by them to the school on cessation of membership.

I further understand that retention of the uniform or any part thereof, or any item on issue, without authority, renders such persons liable to action for the recovery of the cost of the held uniform or items not returned.

Signature parent/guardian:

Date:

In the Presence of (Witness Name):

Witness Signature:



## Code of Conduct for Emergency Services Cadets

This code of conduct is expected of all Emergency Services Cadets.

### AS AN EMERGENCY SERVICES CADET I WILL;

- Respect my dignity and the dignity of others,
- Strive to keep myself and others safe,
- Demonstrate a high degree of individual responsibility, recognising that at all times my words and actions are an example to other members,
- Act with consideration and good judgement in all interpersonal relationships, speaking and acting courteously and respectfully to others,
- Respect everyone's right to personal privacy at all times,
- Not tolerate or carry out violent or aggressive behaviour,
- Treat all people with respect, honesty, courtesy and fairness, no matter what,
- Respect the rights and views of others including different values, beliefs, cultures and religions,
- Respectfully acknowledge the past and present traditional owners of the land within which the ESCC Unit operates,
- Behave in an honest and ethical manner at all times, and will not bully; intimidate; harass; mistreat; physically, emotionally or sexually abuse; or discriminate against other people,
- Not be in possession of, or use any illegal drugs while in uniform or carrying out Cadet duties,
- Participate in all activities within the rules to the best of my ability.
- Wear the ESCC uniform with pride and positively promote the ESCC,
- Report any conduct seen or heard that does not comply with this code of conduct,
- Follow lawful instructions to the best of my ability,
- Have fun, but not at the expense of anyone else,
- Take proper care of any property belonging to the ESCC in your care or possession,
- Seek to positively engage with your community, and
- Work together as a committed team.

I (Prospective Cadet):

Have read and agree to uphold the Code of Conduct of the Emergency Services Cadet Corps.

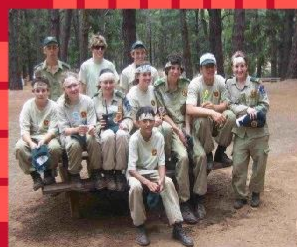
Signature:

Date:



# Health Statement Form

To be completed by all youth and adults  
when joining and then annually





## HEALTH STATEMENT FORM - **CONFIDENTIAL**

|   |                          |                          |  |  |            |  |
|---|--------------------------|--------------------------|--|--|------------|--|
| <b>Member Details</b>   |                          |                          | <b>Current Year:</b>   |  |            |  |
| Given Names:  |                          |                          |  |  |            |  |
| Surname:  |                          |                          |  |  |            |  |
| Preferred Name:   |                          |                          |  |  |            |  |
| Date of Birth:  |                          |                          | <input checked="" type="radio"/> Male <input type="radio"/> Female |  |            |  |
| Host School:  |                          |                          |  |  |            |  |
| <b>Contact Information</b>  |                          |                          |  |  |            |  |
| Street Address:   |                          |                          |  |  |            |  |
| Suburb:   |                          |                          | State:   |  | Post Code: |  |
| Postal Address:   |                          |                          |  |  |            |  |
| Suburb:   |                          |                          | State:   |  | Post Code: |  |
| Home Phone: (    )  |                          |                          | Mobile Phone:  |  |            |  |
| e-mail:   |                          |                          |  |  |            |  |
| <b>Medical Information</b>  |                          |                          |  |  |            |  |
| Medical conditions do not affect membership. The information is only required to ensure that Cadets, leaders, instructors and helpers are not expected to undertake tasks inconsistent with their current state of health.  |                          |                          |  |  |            |  |
| Please attach a clear copy of any treatment plans (e.g.: Asthma Plan, EpiPen plan, etc.) and list plans below.  |                          |                          |  |  |            |  |
| Please list allergies, significant medical conditions or special needs that the applicant experiences, which should be known by the leaders. (e.g.: bee stings, asthma, epilepsy, ADHD, Autism)<br>(Please be aware that it is responsibility to inform the Unit Leader if there are ever any changes.) |                          |                          |  |  |            |  |
| <b>Existing Conditions:</b>   |                          |                          |  |  |            |  |
| Provisions for the member's welfare will be made according to the information supplied in this section. Please answer Yes or No and answer fully. Include other documentation as required.  |                          |                          |  |  |            |  |
|   | Yes                      | Not Known                | Details  |  |            |  |
| 1. Allergy – Drug   | <input type="checkbox"/> | <input type="checkbox"/> |  |  |            |  |
| 2. Allergy - Food   | <input type="checkbox"/> | <input type="checkbox"/> |  |  |            |  |
| If "Yes" to food allergy, please include dietary requirements overleaf.   |                          |                          |  |  |            |  |
| 3. Allergy - Insect   | <input type="checkbox"/> | <input type="checkbox"/> |  |  |            |  |
| 4. Allergy – Sticking Plaster   | <input type="checkbox"/> | <input type="checkbox"/> |  |  |            |  |
| 5. Allergy - Other  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |            |  |
| 6. Asthma   | <input type="checkbox"/> | <input type="checkbox"/> |  |  |            |  |
| 7. Diabetes   | <input type="checkbox"/> | <input type="checkbox"/> | Type?  |  |            |  |
| 8. Epilepsy   | <input type="checkbox"/> | <input type="checkbox"/> |  |  |            |  |
| 9. Heart condition  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |            |  |
| 10. Migraine  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |            |  |
| 11. Sleepwalking  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |            |  |
| 12. Intellectual disability   | <input type="checkbox"/> | <input type="checkbox"/> |  |  |            |  |
| 13. Physical disability/restrictions  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |            |  |
| 14. Other   | <input type="checkbox"/> | <input type="checkbox"/> |  |  |            |  |

**Emergency Services Cadet Corps:  
Health Statement Form**



|   |                                  |                                  |     |
|---|----------------------------------|----------------------------------|-----|
| <b>Health Fund Details</b> (Hospitals sometimes require the following information)  |                                  |                                  |     |
| Medicare Number   |                                  | Expiry Date                      |     |
| Health Fund   |                                  | Health Fund Number               |     |
| Ambulance Cover?  | <input checked="" type="radio"/> | Yes                              | No  |
| <b>Medication</b>   |                                  |                                  |     |
|   |                                  |                                  |     |
|   |                                  |                                  |     |
|   |                                  |                                  |     |
| <b>Medic Alert bracelet, charm or card? – please provide details</b>  |                                  |                                  |     |
|   |                                  |                                  |     |
|   |                                  |                                  |     |
|   |                                  |                                  |     |
| <b>Dietary / Special Food Requirements for medical, religious or other reasons?</b>   |                                  |                                  |     |
|   |                                  |                                  |     |
|   |                                  |                                  |     |
|   |                                  |                                  |     |
|   |                                  |                                  |     |
| <b>Other information</b>  |                                  |                                  |     |
|   |                                  |                                  |     |
|   |                                  |                                  |     |
|   |                                  |                                  |     |
|   |                                  |                                  |     |
| <b>In the event that medical assistance is required in relation to a known medical condition, please provide a clear action plan for leaders to follow.</b> |                                  |                                  |     |
| Medical Condition:  |                                  |                                  |     |
| Action Plan Attached:   | <input checked="" type="radio"/> | Yes                              | No  |
| Date of Action Plan:  |                                  |                                  |     |
| Action to be taken:   |                                  |                                  |     |
|   |                                  |                                  |     |
|   |                                  |                                  |     |
|   |                                  |                                  |     |
| Medical Practitioner's Advice:  |                                  |                                  |     |
|   |                                  |                                  |     |
|   |                                  |                                  |     |
|   |                                  |                                  |     |
| Medical Practitioner's Contact Details:   |                                  |                                  |     |
|   |                                  |                                  |     |
|   |                                  |                                  |     |
| Has the member been immunised for Tetanus in the past 5 years?  |                                  | <input checked="" type="radio"/> | Yes |
| If No, is permission given for the member to be given a Tetanus injection should the need arise?  |                                  | <input checked="" type="radio"/> | Yes |
|   |                                  | No                               | No  |



## Emergency Contact Information

### Parent / Guardian Information (1)

|                      |  |                      |  |            |  |  |  |
|----------------------|--|----------------------|--|------------|--|--|--|
| Given Names:         |  | Surname:             |  |            |  |  |  |
| Relationship:        |  |                      |  |            |  |  |  |
| Street Address:      |  |                      |  |            |  |  |  |
| Suburb:              |  | State:               |  | Post Code: |  |  |  |
| Home Phone: (      ) |  | Work Phone: (      ) |  |            |  |  |  |
| Mobile Phone:        |  |                      |  |            |  |  |  |
| e-mail 1:            |  |                      |  | e-mail 2:  |  |  |  |
| Occupation:          |  |                      |  |            |  |  |  |

### Parent / Guardian Information (2)

|                      |  |                      |  |            |  |  |  |
|----------------------|--|----------------------|--|------------|--|--|--|
| Given Names:         |  | Surname:             |  |            |  |  |  |
| Relationship:        |  |                      |  |            |  |  |  |
| Street Address:      |  |                      |  |            |  |  |  |
| Suburb:              |  | State:               |  | Post Code: |  |  |  |
| Home Phone: (      ) |  | Work Phone: (      ) |  |            |  |  |  |
| Mobile Phone:        |  |                      |  |            |  |  |  |
| e-mail 1:            |  |                      |  | e-mail 2:  |  |  |  |
| Occupation:          |  |                      |  |            |  |  |  |

## Medical Authority

I authorise any member, employee or agent of the cadet unit or school, the Department of Fire and Emergency Services or Department of Local Government and Communities in the event of any accident or illness, to obtain medical assistance or treatment as may be considered necessary. This includes to engage any doctors' or nurses assistance and to request ambulance transport and/or hospital accommodation. In this event, I agree to pay any member, employee or agent of the cadet unit or school, the Department of Fire and Emergency Services or Department of Local Government and Communities on demand all such doctors' fees, nurses' fees, ambulance fees, hospital fees and other expenses. This medical authority is not intended to reduce, or invalidate, the insurance cover to you/your child when engaged in approved and authorised Emergency Services Cadet Corps activities and programs.

**I agree to provide details to the Unit Leader should any health issues change during the year.**

## Adults (18 years and over)

|   |       |
|---|-------|
| I (Name)                                      |       |
| Have read and agree to the Medical Authority. |       |
| Signature:                                    | Date: |

## Youth (under 18 years)

|   |       |
|---|-------|
| I (Parent/Guardian)                           |       |
| Have read and agree to the Medical Authority. |       |
| Signature:                                    | Date: |



## STUDENT QUICK GUIDE

### HOW TO CREATE A USI

Go to [www.usi.gov.au](http://www.usi.gov.au)



Select 'Student Login'



Agree To Terms and Conditions



Select 'Create USI'



Follow the steps to create a USI



You will need a form of ID to create your USI such as a:

- Driver's Licence
- Medicare Card
- Passport (Australian)
- Non-Australian Passport (with Australian Visa)
- Birth Certificate (Australian)
- Certificate of Registration by Descent
- Citizenship Certificate
- ImmiCard



If your account is not activated you won't be able to view your transcript

You will need a current form of ID if you want to change your name(s) or date of birth

Your password must be at least 9 characters long, contain a lowercase letter, an uppercase letter and a number or special character

Enter all of your name(s) as they appear on the form of ID you are using to create your USI



Your USI is yours for life and you will need to take it with you every time you enrol in training

If your ID does not verify click "Next" two more times to show the Request Help link. Create a Help Request and write down your HR number

Your Help Request will be sent to the USI Office so that we can help you with the creation of your USI

### HOW TO ACTIVATE YOUR USI ACCOUNT

If a training organisation created a USI for you, activate your USI account by:

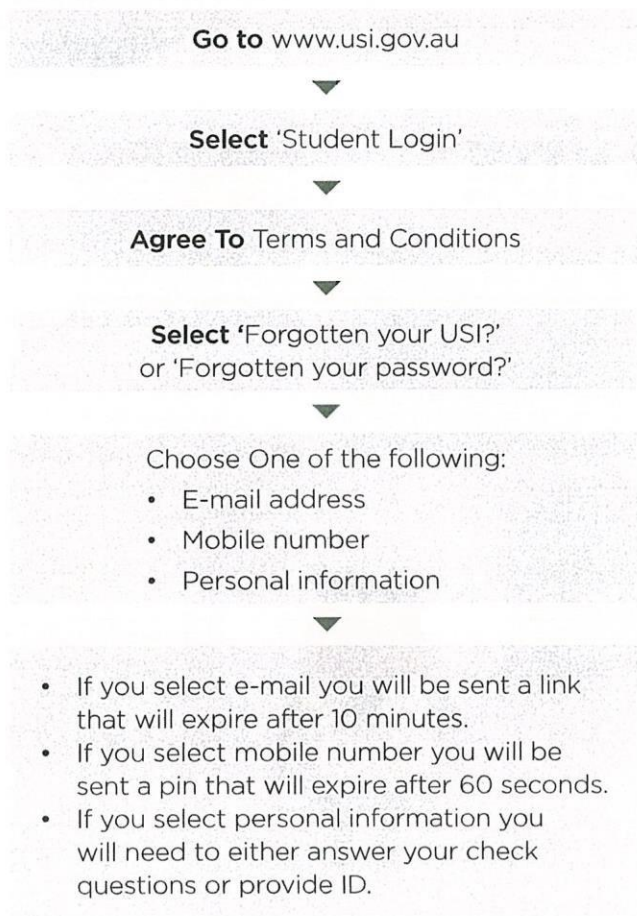
1. Clicking on the link that was sent to either your e-mail address or mobile number.
2. Once you have clicked on the link you will be asked to set up a password and two check questions.
3. You will then be able to login to your USI account. Your training organisation cannot do this part for you.

### HOW TO UPDATE PERSONAL OR CONTACT DETAILS

You can change your personal and contact details by logging in to your USI account and selecting either 'Update Personal details' or 'Update Contact details'.

If you have given your training organisation permission to update your details they can make the changes for you.

## HOW TO RETRIEVE A FORGOTTEN USI OR PASSWORD



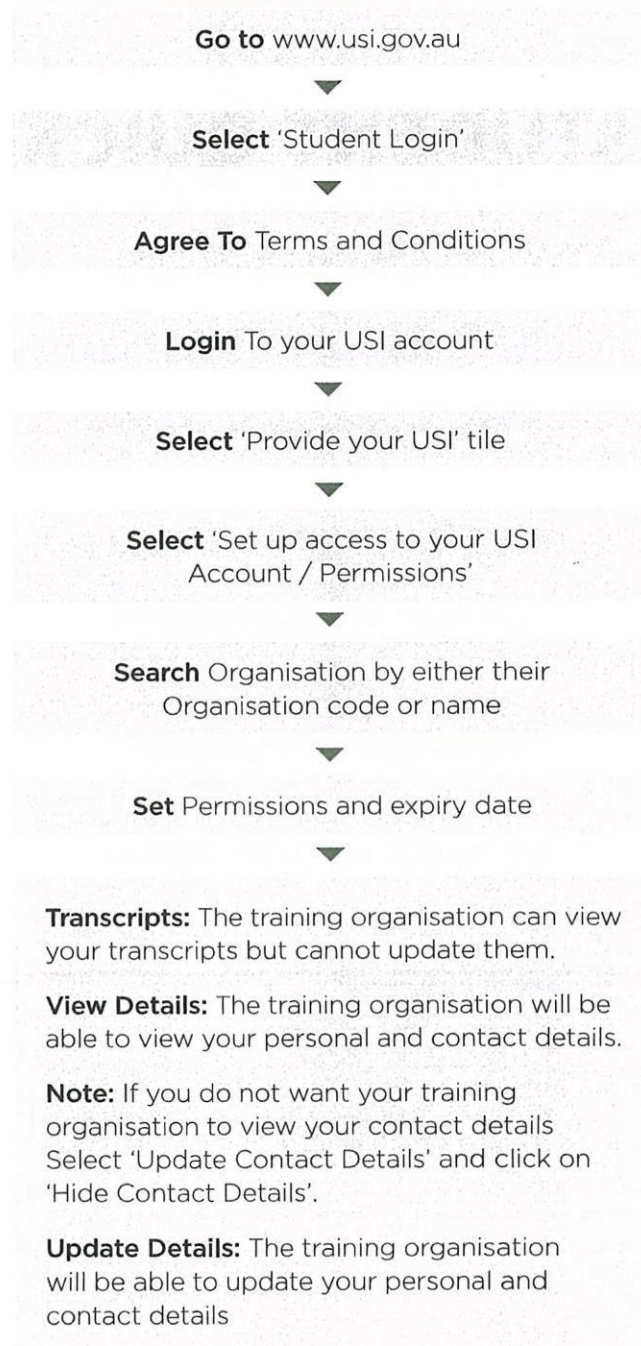
When using your e-mail address or mobile phone number it must be the same as the one that is currently in your USI account



Make sure your answers to your check questions are spelt correctly (e.g. street instead of st)

## HOW TO MANAGE PERMISSIONS

*A really useful tool that will save both you and your training organisation time*



## TRANSCRIPTS

- Transcripts for training completed before 1st of January 2015 will not appear in your USI account.
- Your transcript will show information from the certificates, diplomas or training records issued by your training organisation.

Your transcript does not replace the training certificates, diplomas or training records issued to you by your training organisation but will come in handy if you misplace your documentation



## UNIQUE STUDENT IDENTIFIER PERMISSION FORM

### Unique Student Identifier Registry

As of January 2015, it is compulsory for all students undertaking training at school or with any Registered Training Organisation (RTO) to receive a Unique Student Identifier (USI) number.

This is a government initiative ensuring all units of competency students complete through any Registered Training Organisation are recorded in one place for easy access by students, teachers and lecturers. This will also ensure students are not repeating units they have already achieved in other courses.

**Please note that your child cannot be enrolled into courses until they have obtained a USI number.**

In order for the school to create a USI we require parental permission and a copy of either one of the approved forms of identification listed below.

- Medicare Card
- Australian Passport – current
- Australian Birth Certificate
- Learner Driver's Licence

USI numbers, once created, will be passed on to the approved RTO delivering the certificate.

I \_\_\_\_\_ (parent name) give permission for Tom

Price Senior High School to create a USI number for:

\_\_\_\_\_ (student name).

Town of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_

Attached is a copy of my child's: (please tick)

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Medicare Card  
Australian Birth Certificate  
Australian Passport  
Learners Driver's Licence

Parent/Carers Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Tom Price Senior High School

*An Independent Public School*

## **Payment for Cadet Uniform Deposit & Participation Charges**

For the Year: \_\_\_\_\_ Student Name \_\_\_\_\_ Student Year \_\_\_\_\_

I wish to pay for the following Cadet Items for the above student to the total value of \_\_\_\_\_ by the following payment plan:

***(Please tick and complete the required plan)***

- ☐ Deposit for Cadet Uniform of \$100 to be paid immediately
- ☐ Cadet Polo Shirt of \$65 to be paid immediately
- ☐ Cadet Softshell Jacket of \$60.00 to be paid immediately (Optional)
- ☐ Annual charge for participation in Cadets of \$100 to be paid immediately
- OR
- ☐ Initial immediate payment of \$25.00 for participation in Cadets with 3 further charges of \$25.00 to be charged to my card in Week 1 of Terms 2, 3 & 4.

Direct Deposit to: Account Name; Tom Price Senior High School  
BSB: 036-182  
Account No: 910-244  
Reference: **SURNAME CADETS**

***Please charge these payments to my credit card with the following details:***

Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CCV: \_\_\_\_\_  
Type: Mastercard/Visa Cardholders Name: \_\_\_\_\_

*By signing this document you are entering into an agreement with Tom Price Senior High School to pay instalments towards your child's outstanding payments (as selected above).*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
Office Use Only

|                         |                          |                              |
|-------------------------|--------------------------|------------------------------|
| Payment 1 Amount: _____ | Date card charged: _____ | Entered in Billing by: _____ |
| Payment 2 Amount: _____ | Date card charged: _____ | Entered in Billing by: _____ |
| Payment 3 Amount: _____ | Date card charged: _____ | Entered in Billing by: _____ |
| Payment 4 Amount: _____ | Date card charged: _____ | Entered in Billing by: _____ |