



# Australian Fire Cadet Championships 2017



## Application Form

### Junior Members Aged 14 & 15 years

CFA has once again been invited to participate in the Australian Fire Cadet Championships (AFCC) held at Myuna Bay, near Lake Macquarie in New South Wales. The Championships are held from Tuesday 3 October to Friday 6 October 2017. The selected participants will participate in team building and site seeing activities before the Championships. The selected teams will depart Melbourne on Monday 2 of October and return on Friday 6 October 2017. Participants must be able to stay for the entire duration of the travel time and will be required to arrange their own transportation to and from Melbourne Airport (Tullamarine).

CFA is seeking applications from registered Junior Members aged 14 and 15 years of age to participate as part of the Victorian State Team at the Championships. (e.g. they must be born after 26 September 2001 and before 2 October 2003).

**Applicants do not have to have championship or competition experience, as all AFCC 2017 event activities are NSW RFS rules and events that are not aligned to current CFA events.** The purpose of this event is to develop skills and friendships.

Applicants must:

- Be a junior member of an endorsed CFA junior brigade.
- Have a reasonable level of fitness and be available for the entire duration of the trip.
- Have the support of their Parent/Guardian, Junior Leader and Brigade Captain/OIC.

#### Application process:

1. Read all information carefully, including information outlined in the Information Kit.
2. Applicant must complete all questions on pages 2 – 9.
3. Junior Members must have the support of their Parent/Guardian, a Junior Leader from their Brigade and their Brigade Captain/OIC. Signatures from each of these people are required throughout the application form.
4. Ensure all completed documentation is returned by Friday 4<sup>th</sup> August 2017, to either:

[juniors@cfa.vic.gov.au](mailto:juniors@cfa.vic.gov.au)

or

Volunteer Sustainability Team - State

PO Box 701

Mount Waverley 3151

#### Note:

- Applications submitted via email are preferred.
- Incomplete and late entries will not be accepted.

#### After your application has been submitted:

- All applicants will be reviewed by CFA staff members. The selected applicants will also require the endorsement of the local district Operations Manager.
- All applicants (successful and unsuccessful) will begin being notified by Wednesday 9 August 2017.



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## VOLUNTEER MEMBERSHIP DETAILS

Brigade:  District:   
Member No:

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## APPLICANT PERSONAL DETAILS

Name:   
Gender:  Male  Female  
Postal Address:   
Postcode:   
Telephone: (b/h)  (a/h)   
Mobile:  Email:   
Current Age:  Date of birth:

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## PARENT/GUARDIAN DETAILS (Emergency Contact)

Name:   
Address:   
Postcode:   
Telephone: (b/h)  (a/h)   
Mobile:

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## SELECTION QUESTIONS:

**Question 1: Do you have Championships/running team experience?**  Yes  No

If yes, please write a short description of your experience here:

**Question 2: How long have you been a Junior Member of CFA and what sort of activities have you been doing?**

For example: Do you have any specific roles, tasks or responsibilities in your Brigade? Have you been involved in or provided help for special events, fundraising or other brigade activities?

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**Question 3: What are your aspirations as a member of CFA?**

For example: Is there anything specific you would like to achieve, either for yourself or your brigade? Do you have goals that your involvement in CFA will help you reach?

**Question 4: Why do you think you deserve to be selected and what positive attributes you could bring as a member of the Victorian State Championship Team?**



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## APPLICANT AGREEMENT

Selection Criteria	Yes	No
Are you aged 14 and 15 years of age (e.g. you must be born after 26 September 2001 and before 2 October 2003).		
Do you enjoy working as part of a team?		
Are you mature and show leadership potential?		
Will you behave appropriately, and be an excellent representative of CFA and your Brigade?		
Are you willing to abide by all CFA and AFCC 2017 rules as documented, or as directed by the staff and Junior Leaders who accompany you to NSW?		
Are you able to attend for the entire duration of the trip (Monday 2 October until Friday 6 October 2017)?		
Are you free for a pre-event team building day Saturday 2 September 2017?		
Are you willing to return all forms and information requested within the allocated timeframe?		
Are you able to provide CFA with an A4 document about your trip within 2 weeks of your return for promotional use?		

**Name of applicant:**

- I acknowledge that I understand** and have completed the selection questions and criteria above accordingly.
- I will abide by** all rules as per the AFCC 2017 information Kit and NSWRFSS.
- I understand** that the CFA Group Leader will contact my Captain and parents immediately should I behave in an unacceptable manner.
- I understand** that if it is deemed that I behave in an unacceptable manner, arrangements will be made with my family for my return from New South Wales at my family's cost.

**Signature of applicant:**

**Date:**



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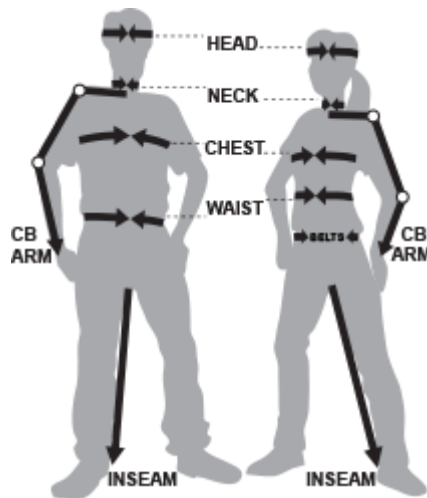


## MEASUREMENTS FOR UNIFORMS

CFA will provide all Victorian State Team Members with required uniform. Personal Protective Clothing (PPC) & Personal Protective Equipment (PPE) will be issued by your District for use during the event.

### Instructions:

- You will need a flexible tape measure
- While it can be done yourself, for best results we recommend you enlist the help of a parent/guardian
- We recommend taking measurements whilst clothed, but not in big, bulky items (shorts and t-shirt would be fine)
- The tape measure should be snug, but not too tight – you should be able to put a finger behind the tape but no more than that



Head – Full head circumference, in line with your temple.

Chest/Bust – Measure underarm pits, around the fullest part (total circumference)

Waist – Measure around your body, in line with your belly button.

Hip – Stand with your legs slightly apart, and measure around the fullest part of your hips.

Inseam – Measure from your crotch to the back of your heel.

**Applicant Name:**

Measurements (in CMs)					
Head					
Chest/Bust					
Waist					
Hip					
Inseam					
Foot					
Aus/UK size	Womens		<b>OR</b>	Mens	



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## MEDICAL INFORMATION

Applicant Name:

It is essential that the information provided below is accurate and as detailed as possible.

The information has been collected in accordance with *Chief Officer's Standing Order 3.0 – Junior Members Management of* to ensure duty of care for Junior members whilst participating in activities. The information will only be used for the purpose it is collected and accessible only to those who have a duty of care for your child. The information is subject to privacy restrictions and upon completion of the activity the information will be stored securely for a period of 7 years post the Junior Members 18<sup>th</sup> birthdate.

Medicare Number

Card Expiry

Applicant's Reference Number

Ambulance Cover

Yes

No

If yes, name of fund/member number:

Private Health Cover

Yes

No

If yes, name of fund/member number:

Does your child have allergies that cause anaphylaxis? Please note a management plan must be provided for all anaphylaxis.

Yes

No

Does your child has any known allergies, such as insect bites or medication, detail here:

Does your child have any special food requirements for medical, religious or other reason detail here:



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## 1. Medications

Is your child currently using any medications that they will need to have with them or take whilst on this activity?

Name of Medication:	Purpose:	Dosage and Timing:

## 2. Medical/Intellectual/Behavioural Conditions

Does your child suffer any of the following?  
Please circle or highlight all that apply, and provide further information in the box below.

Sight impairment	Hearing impairment	Recent surgery or hospitalization
Bed-wetting	Sleep walking	Travel Sickness
Intellectual or learning disability	Difficulty with heights or confined spaces	Anaphylaxis
Asthma	Chest pain / tightness	Abnormal shortness of breath
Low / high blood pressure	Chronic bronchitis	Cystic fibrosis
Seizures / convulsions / epilepsy	Blackouts	Back pain or injury
Limb or joint problems	Behavioural condition eg. ADHD, Asperger's, Autism etc.	Other

If you have indicated that your child has any of the above, or believe that your child has any other condition which may preclude them from participating in certain activities, please provide further information (including management, medical or otherwise, restrictions, type of food or other allergy etc.) in writing below or by attaching a detailed management plan. Allergy/Anaphylaxis sufferers should attach a plan in accordance with the ASCIA guidelines (Australasian Society of Clinical Immunology and Allergy) that can be found at [WWW.ALLERGY.ORG.AU](http://WWW.ALLERGY.ORG.AU)

Name of Parent/Guardian

Signature

Date



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## PARENT/GUARDIAN INFORMATION AND CONSENT

Applicant Name:

- I confirm that I have read and understood the Information Kit and Application Form, and I fully support my son/daughter to be part of this event.
- I understand that if successful I will be required to arrange transport for my son/daughter to and from the airport (Melbourne Tullamarine) at my own expense.
- I understand that costs for this travel including flights, accommodation and meals will be covered by CFA or the AFCC 2017. The cost incurred by participants includes travel to/from Melbourne Airport, spending money for souvenirs/snacks and purchase of four pairs of woollen socks.
- I understand that my child will be with the CFA group the whole time of the travel (there will be no departures from the group i.e. going onto further holidays or leaving early. My child will return to Melbourne with the group).
- I understand that I will be contacted immediately if it is deemed that my child's behaviour is unacceptable and arrangements will be made with me to collect my child from New South Wales at my own cost.
- I understand that the selected Junior Members will be supervised by CFA staff and endorsed Junior Leaders who will:
- Be a current CFA member over the age of 18
  - Hold a current Working With Children Check
  - Be approved by the local Operations Manager

### **Photographic/Video/Media Article Model Release Consent**

I consent to my child's participation in photographic, video and/or media articles being taken for the purpose of internal and external promotion (including but not limited to JVDP promotional material, *Brigade Magazine*, *Fireman* newspaper, CFA's Annual Report/Plan, CFA Intranet and social media). I understand that there will be no payment made by CFA for the use of photographs/video/media articles.

### **Transport Arrangements**

I consent to the Person-in-Charge making alternative transport arrangements (including emergency transport) for my son/daughter if I am unable to be contacted or where it is impracticable to communicate with me.

### **Medical Treatments and Illness**

In the event of any illness or accident, I authorise the Person-in-Charge to arrange appropriate medical treatment for my son/daughter if I am unable to be contacted or where it is impracticable to communicate with me. In this event, I agree to pay all expenses incurred that are not covered by CFA compensation and liability insurance. In the event of my son/daughter being unable to accompany the rest of the group home due to ill health or accident, I will make the necessary arrangements in liaison with the Person-in-Charge for his/her return.

I understand that although the CFA makes every attempt to minimise any risk of personal injury within practical boundaries, accidents can happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken and I accept that risk on behalf of my child.

I consent to my child's participation in this activity and have made every effort to provide accurate and sufficient information to assist CFA with the care of my child.

Name of Parent/Guardian

Signature

Date





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## **BRIGADE ENDORSEMENT**

Applicant Name:

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## **JUNIOR LEADER ENDORSEMENT**

The above member has my support in their application to represent CFA at the Australian Fire Cadet Championships 2017.

Name:

Signature:

Date:

## **BRIGADE CAPTAIN/OIC ENDORSEMENT**

The above member has my support in their application to represent CFA at the Australian Fire Cadet Championships 2017.

Name:

Signature:

Date:

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**Please provide further detail to enhance the applicants selection to these Championships:**