



Team Nomination Form 2014

Nomination and Medical forms must be returned by 11th September 2014

Payment due 25th September 2014

Unit Contact Details

Unit		Team Name	
Contact Person			
Phone No		Mobile No	
Email Address			
Contact Person in Transit		Contact Mobile No	
Vehicle Radio Channel			

Attendee Names - Team member details - Maximum 6 per team

Name	Email Address
1.	
2.	
3.	
4.	
5.	
6.	

Assessors / Assistants / Catering / Casualties

Name	
1.	3.
2.	4.

Send completed Nomination and Medical forms to:

EMAIL: manager@swanses.org.au (preferred option)

POST: Metro Challenge, C/- Swan SES, PO Box 2238, MIDLAND BC WA 6936

FAX: 08 9250 6717

For more information please contact David Cowdell on 0409 689 188

Team accepted and entered
 Medical forms received
 Payment received





Confidential Medical Information Form 2014

Must be completed by all attendees – Medical Form must be returned by 11th Sept 2014

The information contained in this form will enable event organisers to provide health care for you in the case of an emergency. Event staff will provide immediate first aid and contact an ambulance if required.

Name			
Address			Date of Birth

Next of Kin Details

(in case of an emergency reasonable attempts will be made to contact your next of kin)

Name			
Relationship		Contact No	

Dietary Requirements:

Gluten Free
 Vegetarian
 Lactose Free
 Other (please provide details)

Allergies

Are you allergic to any of the following (please tick and provide details)

Food
 Medications
 Other

Medications

Are you currently taking any medication (prescription or over the counter)? YES NO
 If yes, please list medication name and dosage

Medication	Dosage/Instructions

Event Consent

I, _____, give consent for event staff involved in the Metro SES Challenge to provide basic first aid as required, contact an ambulance, who will determine any additional emergency response required. I understand that all reasonable attempts will be made to contact my next of kin in the event of an emergency.

Signature of Member:	Date:
----------------------	-------

First Aid Officer checked
 Catering Coordinator checked





Confidential Medical Information Form 2014

Must be completed by all attendees – Medical Form must be returned by 11th Sept 2014

The information contained in this form will enable event organisers to provide health care for you in the case of an emergency. Event staff will provide immediate first aid and contact an ambulance if required.

Name		
Address		
	Date of Birth	

Next of Kin Details

(in case of an emergency reasonable attempts will be made to contact your next of kin)

Name			
Relationship		Contact No	

Dietary Requirements:

Gluten Free
 Vegetarian
 Lactose Free
 Other (please provide details)

Allergies

Are you allergic to any of the following (please tick and provide details)

Food
 Medications
 Other

Medications

Are you currently taking any medication (prescription or over the counter)? YES NO
 If yes, please list medication name and dosage

Medication	Dosage/Instructions

Event Consent

I, _____, give consent for event staff involved in the Metro SES Challenge to provide basic first aid as required, contact an ambulance, who will determine any additional emergency response required. I understand that all reasonable attempts will be made to contact my next of kin in the event of an emergency.

Signature of Member:	Date:
----------------------	-------

First Aid Officer checked
 Catering Coordinator checked





Confidential Medical Information Form 2014

Must be completed by all attendees – Medical Form must be returned by 11th Sept 2014

The information contained in this form will enable event organisers to provide health care for you in the case of an emergency. Event staff will provide immediate first aid and contact an ambulance if required.

Name			
Address			Date of Birth

Next of Kin Details

(in case of an emergency reasonable attempts will be made to contact your next of kin)

Name			
Relationship		Contact No	

Dietary Requirements:

Gluten Free
 Vegetarian
 Lactose Free
 Other (please provide details)

Allergies

Are you allergic to any of the following (please tick and provide details)

Food
 Medications
 Other

Medications

Are you currently taking any medication (prescription or over the counter)? YES NO
 If yes, please list medication name and dosage

Medication	Dosage/Instructions

Event Consent

I, _____, give consent for event staff involved in the Metro SES Challenge to provide basic first aid as required, contact an ambulance, who will determine any additional emergency response required. I understand that all reasonable attempts will be made to contact my next of kin in the event of an emergency.

Signature of Member:	Date:
----------------------	-------

First Aid Officer checked
 Catering Coordinator checked





Confidential Medical Information Form 2014

Must be completed by all attendees – Medical Form must be returned by 11th Sept 2014

The information contained in this form will enable event organisers to provide health care for you in the case of an emergency. Event staff will provide immediate first aid and contact an ambulance if required.

Name			
Address			Date of Birth

Next of Kin Details

(in case of an emergency reasonable attempts will be made to contact your next of kin)

Name			
Relationship		Contact No	

Dietary Requirements:

Gluten Free
 Vegetarian
 Lactose Free
 Other (please provide details)

Allergies

Are you allergic to any of the following (please tick and provide details)

Food
 Medications
 Other

Medications

Are you currently taking any medication (prescription or over the counter)? YES NO
 If yes, please list medication name and dosage

Medication	Dosage/Instructions

Event Consent

I, _____, give consent for event staff involved in the Metro SES Challenge to provide basic first aid as required, contact an ambulance, who will determine any additional emergency response required. I understand that all reasonable attempts will be made to contact my next of kin in the event of an emergency.

Signature of Member:	Date:
----------------------	-------

First Aid Officer checked
 Catering Coordinator checked





Confidential Medical Information Form 2014

Must be completed by all attendees – Medical Form must be returned by 11th Sept 2014

The information contained in this form will enable event organisers to provide health care for you in the case of an emergency. Event staff will provide immediate first aid and contact an ambulance if required.

Name			
Address			Date of Birth

Next of Kin Details

(in case of an emergency reasonable attempts will be made to contact your next of kin)

Name			
Relationship		Contact No	

Dietary Requirements:

Gluten Free
 Vegetarian
 Lactose Free
 Other (please provide details)

Allergies

Are you allergic to any of the following (please tick and provide details)

Food
 Medications
 Other

Medications

Are you currently taking any medication (prescription or over the counter)? YES NO
 If yes, please list medication name and dosage

Medication	Dosage/Instructions

Event Consent

I, _____, give consent for event staff involved in the Metro SES Challenge to provide basic first aid as required, contact an ambulance, who will determine any additional emergency response required. I understand that all reasonable attempts will be made to contact my next of kin in the event of an emergency.

Signature of Member:	Date:
----------------------	-------

First Aid Officer checked
 Catering Coordinator checked





Confidential Medical Information Form 2014

Must be completed by all attendees – Medical Form must be returned by 11th Sept 2014

The information contained in this form will enable event organisers to provide health care for you in the case of an emergency. Event staff will provide immediate first aid and contact an ambulance if required.

Name			
Address			Date of Birth

Next of Kin Details

(in case of an emergency reasonable attempts will be made to contact your next of kin)

Name			
Relationship		Contact No	

Dietary Requirements:

Gluten Free
 Vegetarian
 Lactose Free
 Other (please provide details)

Allergies

Are you allergic to any of the following (please tick and provide details)

Food
 Medications
 Other

Medications

Are you currently taking any medication (prescription or over the counter)? YES NO
 If yes, please list medication name and dosage

Medication	Dosage/Instructions

Event Consent

I, _____, give consent for event staff involved in the Metro SES Challenge to provide basic first aid as required, contact an ambulance, who will determine any additional emergency response required. I understand that all reasonable attempts will be made to contact my next of kin in the event of an emergency.

Signature of Member:	Date:
----------------------	-------

First Aid Officer checked
 Catering Coordinator checked





Challenge Staff Register 2014

Personal Details:

Name

Unit

Phone number

Mobile

Email address

Positions available (tick your preference)

- | | |
|---|---|
| <input type="checkbox"/> Stand Assessor | <input type="checkbox"/> Photographer / Paparazzi |
| <input type="checkbox"/> Casualty | <input type="checkbox"/> Communications Officer |
| <input type="checkbox"/> General Staff | <input type="checkbox"/> First Aid Officer |

If stand assessor, please indicate your preference(s) (you may select more than one)

Tick	Stand	Date of qualification	Are you a Trainer/Assessor?
	Communications / Field Equipment		
	Navigate Urban & Rural Environments (NURE)		
	Storm Damage Techniques		
	Chainsaw		
	Search		
	General Rescue		
	Vertical Rescue		
	Driving		
	Car v House		
	AIIMS		N/A

Send completed Nomination and Medical forms to:

EMAIL: manager@swanses.org.au (preferred option)

POST: Metro Challenge, C/- Swan SES, PO Box 2238, MIDLAND BC WA 6936

FAX: 08 9250 6717

For more information please contact David Cowdell on 0409 689 188

