



DEPLOYMENT REGISTER EXPRESSION OF INTEREST FORM - VOLUNTEER FIREFIGHTER

Volunteer Number		
Surname		
Legal First Name		
Contact Details	<input type="checkbox"/> I confirm Contact Details are current in the Volunteer Hub	
Service Type		
Brigade/Unit Name		
DFES Region		
If BFB please record Local Government		
Rank		
I have read and agree to abide by Operational Directive 2.4 – Operational Deployment		<input type="checkbox"/>
Firefighting Prerequisites		
Minimum 4 years firefighting experience (does not apply for Support only roles)	Yes <input type="checkbox"/> or No <input type="checkbox"/> If No number of years. _____	
VFRS Minimum Training Requirement	VFRS Volunteer firefighter - minimum VFF 2 pathway <input type="checkbox"/> (old) Completed VFRS Probationary Firefighter Training Program <input type="checkbox"/> (new)	
BFB Minimum Training Requirement	BFB Volunteer Firefighter - minimum VFF 1 pathway <input type="checkbox"/> (old) Completed BFB Bush Firefighter Training Program <input type="checkbox"/> (new)	
VFES Minimum Training Requirement	VFES Volunteer firefighter - minimum VFF 2 pathway <input type="checkbox"/> (old) Completed VFES Foundation Firefighter Training Program <input type="checkbox"/> (new)	
Deployment Details		
Interstate – outside of Western Australia (deploy to 7-14 Days)	Firefighting <input type="checkbox"/>	
	IMT <input type="checkbox"/>	
	Support Role <input type="checkbox"/>	
International – Outside of Australia (deploy up to 6 Weeks)	Firefighting <input type="checkbox"/>	
	IMT <input type="checkbox"/>	
	Support Role <input type="checkbox"/>	
International only	Current Passport <input type="checkbox"/> (must have 6 months from date of departure)	
Availability indicate periods where you have planned absences)		
Next of Kin Details	I can confirm my NOK is correct in Volunteer Hub <input type="checkbox"/>	



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I acknowledge by applying for the deployment register that I may be deployed to a dynamic emergency environment, where local resources are stretched. Therefore, accommodation maybe of a basic "campsite" nature and welfare maybe "ration" style.	<input type="checkbox"/>	
Please acknowledge at the time prior to deployment you will need to declare if you have any medical conditions or restrictions, that may restrict your ability to operate safely in an emergency situation.	<input type="checkbox"/>	
Pre-Deployment Medical Questionnaire		
DFES has a responsibility to ensure that employees and volunteers are able to work safely and are not adversely affected by hazards on deployment. To enable DFES to meet this obligation, we need to establish your health and fitness status to perform the required work tasks. You may be required to complete a Pre-deployment Medical questionnaire.		
I understand I will need to comply with the DFES Infection Prevention Policy. <input type="checkbox"/>		
The National Resource Sharing Centre (NRSC) requires all personnel being deployed to be fully vaccinated for COVID19. I confirm I have been fully vaccinated for Covid19. <input type="checkbox"/>		
Declaration:		
I declare that I have answered the above correctly and completely and understand that any false or misleading information may result in disciplinary action, including cancellation or termination of my deployment. Where it is proved that an employee or volunteer has, at the time of deployment, wilfully and falsely represented themselves as not having previously suffered from the injury which they are claiming compensation for, an insurer may refuse to award compensation.		
..... <i>Print name</i> <i>Signature</i> <i>Date</i>



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Endorsement – Once completed please email to the Brigade Captain.			
BGU Endorsement		Please email to the Brigade Captain	
BGU OIC Role			
BGU OIC Name			
BGU OIC Email			
This person is fit for the role and responsibilities they have nominated for and has no known health issues that may restrict their ability to operate safely in an emergency situation.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Endorsed <input type="checkbox"/>		Not Endorsed <input type="checkbox"/>	
Signature		Date	
LG Endorsement (BFS Only)		Please email to the LG Representative.	
LG Endorsement Authority Role			
LG Endorsement Authority Name			
LG Endorsement Authority Email			
Endorsed <input type="checkbox"/>		Not Endorsed <input type="checkbox"/>	
Signature		Date	
DFES Officer Endorsement		Please email to the DFES Officer for endorsement.	
DFES Officer Name			
DFES Officer Email			
Endorsed <input type="checkbox"/>		Not Endorsed <input type="checkbox"/>	
Comments			
Signature		Date	
Regional Admin	The eligibility register has been checked and the person is eligible to be recorded on the Deployment Register		
Entered RMS	Date	Initial	