



Team Nomination Form 2013

(Nomination & Medical Forms must be returned by 30th April 2013)

Unit Contact Details

Unit Contact Name

Position (ie Training Manager)

Phone number Mobile

Email address

Team Details

Team name (be creative)

Team members names (6-7 per team). Tick Box for any special dietary requirements.

- 1..... 4.....
- 2..... 5.....
- 3..... 6.....
- 7.....

Contact Person in transit Contact Mobile No

Vehicle Radio Channel: Approx arrival time to site

ALL attendees must complete a Medical Form. Medical forms must be received with Team Nomination Form. Cover charge for meals is \$55 per participant and \$20 assessors & staff (due to DFES restrictions) payable by cheque/cash and must be received with the nomination forms. Make cheques payable to Kalgoorlie-Boulder State Emergency Service. Please call Briony Burt 0438 565 478 if you need to discuss any specific dietary or payment requirements.

Send completed Nomination and Medical forms to:

POST: Goldfields SES Challenge, PO Box 2135, Boulder WA 6432

EMAIL: matty.jamieson@iinet.net.au

FAX: 9093 1020

For more information please call Matty Jamieson mobile: 0434 046 072

Team accepted & entered

Medical forms received

Payment received





Medical Information Form 2013

(Confidential – Must be completed by all attendees)

Name

Address

Day phone number Night phone number

SES Unit

Dietary requirements.

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Medical conditions (ie Allergies – Bee Stings, Food, Diabetes – Type)

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Specific requirements/actions required for your condition?

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Give details of treatment including medicines and dosage.

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Contact person in event of emergency (not at Challenge Site).

Name

Relationship

Day Phone Night Phone

Mobile

First Aid Officer Checked

Catering Co-ordinator Checked

