



# MEMBERS DETAILS FOR EMERGENCY USE ONLY

**TO: THE GENERAL MANAGER**

**Copy to Training Manager**

**MEMBER TO FILL OUT: (Please Print Clearly)      DATE:.....**

**SURNAME:.....**

**FIRST NAMES:.....**

**DATE OF BIRTH:.....**

**HOME ADDRESS:.....**

.....

**HOME TELEPHONE No.....WORK TELEPHONE No.....**

**NEXT OF KIN:.....**

**NEXT OF KIN'S TELEPHONE No.....**

**MEMBERS G.P. :.....**

**ALLERGIES:.....**

.....

.....

**CURRENT MEDICATION / CONDITIONS:.....**

.....

.....

.....

.....

**MEMBERS SIGNATURE:.....**

**NOTE:- Dear Applicant,  
On Completion of this Membership Application Form, please place into a sealed envelope to protect your confidential details, and return addressed to 'The Membership Secretary' C/- our PO Box as shown on the form.  
Please also note our Postal Code—Christchurch 8141  
Thank you**



Mis. 2-B

## TRAINING AND CERTIFICATION BRANCH

Date:.....

# Members Request for Training

FULL NAME:.....

Date of Birth.....

To:- the Training and Certification Manager C.R.S.

I would like to Request Training for the following position(s) and or Skill(s) on the C.R.S.

.....  
.....  
.....

Reason For Training if required:

.....  
.....

Signed:.....

### Training and Certification Manager to fill out

Date Request Received ..... File No.....

Date General Manager Notified.....Request Approved Y / N

Date Acknowledgement sent to member.....

Training Date Commenced.....

.....  
Training and Certification Manager