



# RESCUENET AUSTRALIA

## EMERGENCY RELIEF INTRODUCTORY COURSE APPLICATION FORM

*PLEASE NOTE!! This course involves an intensive program, which can be an extremely emotional, psychological and physical event! At the conclusion of the course, you will be participating in a mock scenario that will involve very high levels of emotion, stress, anxiety and physical energy, and could also involve surreal blood, intestinal organs and other body parts.*

*Therefore, if you have been traumatised by a previous event in your life, we advise that this course could possibly reignite some painful memories for you!!*

### PERSONAL DETAILS

Name: .....  
First Middle Surname

Address: .....  
Street

.....  
Suburb/City Post Code State/Province Country

.....  
Phone - home Secondary Phone – work or mobile Email

Marital Status: ..... single ..... engaged ..... married ..... separated ..... divorced ..... widowed

Date of Birth: .....  
day/month/year

### FOR OVERSEAS APPLICANTS:

Country of Birth: .....

Citizenship: .....

Passport Details: .....  
Place of issue Date of issue (day/month/year)

.....  
Passport Number Expiry Date (day/month/year)

Do you have any special dietary needs? .....



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### DTS CONFIRMATION DETAILS

Whilst confirmation of your DTS completion must be attached to this application, would you please also complete the following information:

**Name of DTS Location:** .....

**Address:** .....  
Street

Suburb/City

State/Province

Post Code

Country

Phone

Email

**Dates of DTS:** .....  
Starting Month/Year

Ending Month/Year

**DTS Leader:** .....  
First (Given)

(Family) Surname

Phone (only if we need to contact them with questions)

Email

Your signature below indicates that you *successfully* completed your DTS at the above listed location and dates.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**In case of emergency contact:**

**Name:** .....  
First Surname Relationship

**Address:** .....  
Street

.....  
Suburb/City Post Code State/Province Country

.....  
Phone - home Secondary Phone – work or mobile Email

Are you currently YWAM staff?  Yes  No If yes, at which base?.....

If you are currently YWAM staff, does your Base Leader know you are participating with us?  Yes  No

Please list any previous experience in any areas covered in the course, medical or emergency relief work

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

Copies of your DTS and First Aid certificates, plus your signed Release and Indemnity document must be attached to this application or submitted **PRIOR** to the course. Please understand that acceptance into this course is dependent on the submission of this application form, plus these three documents.

My signature below indicates that I am aware that this course is offered only as an introduction into the world of Emergency Relief. I recognise that the Course is not accredited or registered and that whilst some of the presenters have experience, some may not be certified trainers. I further realise that a AUS\$100 non-refundable deposit must accompany this form and that I must familiarise myself with the entire Course Manual before the commencement of the Course.

.....  
Signature

.....  
Day/Month/Year

**Please return this application to the National Coordinator (see below)**

National Coordinator PO Box 7 MITCHELL ACT 2911 AUSTRALIA  
Tele: + 61 418 297 295 Email: [mark@rescuenet.org.au](mailto:mark@rescuenet.org.au)  
[RescueNet](http://www.rescuenet.org.au) is a division of Australian Mercy Ltd  
(ABN 84 008 643 258) [www.rescuenet.org.au](http://www.rescuenet.org.au)