Application to join UC Community Rescue

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| **Name** |  |
| **Home address** |  |
| **Mobile Phone** |  |
| **Home Phone** |  |
| **Email** |  |
| **UC Extension** |  |
| **NZQA/NSN#** |  |
| **Date of Birth** |  |
| **ID** | Student ID# or Staff ID# |
| **Next of Kin**  ***In the event of an emergency*** | Name  Address  Phone |

1. **Which role(s) are you applying for?**

* Support (minimum of 6 hours training a month, plus induction)
* Responder (minimum of 12 hours training a month, plus induction and occasional weekends)
* Specialist (specify): 🗌 Engineer 🗌 Doctor

1. **Do you have any medical or other conditions that may affect your ability to undertake stressful and/or manual work?**

* Yes (if yes, please specify)
* No

1. **Would you consent to undergo a medical examination to determine if you are physically able to undertake stressful manual work?**

* Yes
* No

1. **What skills, expertise, qualifications and knowledge will you bring to UC Rescue?**
2. **What languages are you fluent or have a working ability in?**
3. **As part of national registration requirements, your application may be subject to a Criminal History Check with the Ministry of Justice do you consent to such a check taking place?**

* Yes
* No

1. **Rescue team members are expected to have a reasonable level of fitness; are you willing to undergo a fitness test as part of this application?**

* Yes
* No

1. **Are you able to deploy outside of Canterbury at short notice for up to two weeks, with limited access to family contact?**

* Yes
* No

1. **Staff: Are you on a fixed term contract? If yes, please give end date. \_\_\_\_\_\_\_\_\_\_\_**
2. **Students: How many more years do you plan to study at UC? \_\_\_\_\_\_\_\_\_\_\_**

Please attach a copy of your NZQA Record of Achievement and driver licence, if successful these will be held on file. It is recommended that you also attach a copy of your CV to support your application.

*I wish to apply to join UC Rescue. I understand that if accepted, I am required to adhere to the Standard Operating Procedures which govern the team. I confirm the information I have supplied is true and accurate and have not withheld any information that may affect my suitability to join the team.*

Signed: Date:

**Checklist: Return to:**

* Form completed and signed Ken McEwen, Manager Security
* NZQA Record of Achievement (copy) attached & Campus Community Support,
* Driver licence (copy) attached. c/- Security Office, 114 Ilam Road, or

email [ken.mcewen@canterbury.ac.nz](mailto:ken.mcewen@canterbury.ac.nz)