**2025 First Aid Officer Application**

|  |  |  |
| --- | --- | --- |
| **Applying for:** | **Saturday Seniors 🗆** | **Sunday Juniors 🗆** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **D.O.B:** |  |
| **Occupation:** |  | **Mobile:** |  |
| **Address:** |  | | |
| **Email:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Level of First Aid:** |  | **First Aid Certificate No:** |  |
| **Level of Sports Trainer:** |  | **Other:** |  |
| **Senior Strapping Experience:** |  | | |
| **Previous Club/s:** |  | | |
| **Previous First Aid Experience:** |  | | |

|  |  |
| --- | --- |
| **Blue Card Number:** |  |
| **Blue Card Expiry Date:** |  |

**NO BLUE CARD – APPLY HERE:** [**BLUE CARD SERVICES APPLICANT PORTAL**](https://my.bluecard.qld.gov.au/login)

|  |  |  |  |
| --- | --- | --- | --- |
| **Bank Account Name:** |  | **ABN:** |  |
| **BSB Number:** |  | **Registered for GST?** | **Yes 🗆 No 🗆** |
| **ACC Number:** |  | **No ABN:** Please fill out an ATO Statement by Supplier | |

I wish to become a member of Carina Junior Rugby League Football Club Inc. and will abide by the Rules, By-Laws and Conditions of the Constitution of the Club. I hereby give my consent for a Suitability Notice for a Volunteer check to be carried out as required under Queensland State Laws. I have attached a copy of my blue card or have submitted an application with QLD Working with Children via Carina JRLFC. Voting rights are available to fully financial members.

Send fully completed applications to: Email: **info@carinajuniors.com.au**.

|  |  |
| --- | --- |
| **Signed:** | **Date:** |