



Participant Enrolment Form

1. PRIVACY STATEMENT

Mines Rescue Pty Ltd will use the information you provide for the purposes of general participant administration, identification, communication, course evaluation, business evaluation and Registered Training Organisation (RTO) reporting requirements. Information may be provided to the Department of Education, the Australian Skills Quality Authority and the National Centre for Vocational Education Research. Mines Rescue Pty Ltd is a subsidiary of Coal Services Pty Ltd and as such information may also be provided to Coal Services for the purposes of business evaluation and marketing.

Your information will be held securely. You may access the information held about you or correct your personal details by contacting the relevant Mines Rescue station and providing proof of your identity. By completing this form you consent to your information being retained and used as stated. For further details about our privacy policy please consult the Participant Handbook available on the Mines Rescue website or by contacting the relevant Mines Rescue station.

2. PARTICIPANT & COURSE DETAILS: *(Must be completed for statements of attainment/qualifications to be issued)*

Title: (Mr, Mrs, Ms, Miss, Dr)		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name: (as shown on your licence/passport)		Middle Name:	
Last Name: (as shown on your licence/passport)		DOB:	
Home Address: (include street address & suburb)		State:	
	Suburb:		Post Code:
USI: (if known)			
Postal Address ONLY if different from above:			
Mobile:		Phone:	
Email:			
Employer:			
Emergency Contact Name:		Relationship:	
Emergency Phone:			
Course Name:			
Training Date/s:			
Training Location:			



3. PARTICIPANT DETAILS: (Part B) Participant Health Screening

Many Mines Rescue courses require an appropriate level of health and fitness to be able to safely participate in training. If you indicate a pre-existing condition that may affect your ability to participate in training safely, you may be required to provide additional information or to seek approval from your medical practitioner. The information you provide will remain confidential.

4. HEALTH SCREEN QUESTIONS:

		Yes	No	N/A
1.	Has a doctor recently advised you that you should avoid exerting yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	If you answered "YES" to Question 1, is the advice still valid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you experience pain in your chest during physical labour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are you restricted to a light level of physical exertion due to breathing difficulties, e.g. limited to brisk walking or unable to climb a flight of stairs due to shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does a physical injury, illness or disability limit you in your ability to navigate safely around obstacles, uneven or slippery ground in situations of limited or zero visibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you suffer from moderate to severe headaches, frequent bouts of coughing, or any health problem that may be aggravated by heat, the prolonged use of breathing apparatus or physical exertion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are there any other concerns that you are aware of that Mines Rescue needs to know before you commence training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you suffer from any medical condition, including any heart or lung disorder or disease, and are you aware of any other physical or mental conditions which could affect your ability to undertake concerted physical activity in differing environments such as closed spaces or at heights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I am aware of my responsibility to advise Mines rescue of any prescription or non-prescription drugs I may be taking and that I must not participate in training/assessment activities if I am under the influence of alcohol or drugs that may potentially impact my ability to participate safely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you acknowledge that components of this training course may involve practical work with rescue equipment as well as physical exertion in conditions that could be mentally and physically stressful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	I have been made aware that I am to maintain a level of hydration during training and that I am to inform MRS Staff immediately if I am feeling any ill effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Do you acknowledge that in admitting you to the course the Mines Rescue does not assess your physical or mental condition or preparedness for the course but relies on your answers and statement above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	I understand that prescription & non-prescription medications can impair body heat regulation and therefore cause heat illnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	I understand in view of the above, that if I answer yes to any of the above questions of 2,3,4,5,6,7,8, I may be referred to my treating doctor for medical assessment and that I am liable for any costs incurred.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

Trainer Initials:
Date:



5. PARTICIPANT SIGN-OFF

I apply for admission into the above listed course and declare that:

- I am an Australian citizen, permanent resident, humanitarian visa holder or New Zealand citizen
- I understand the guidelines, procedures and responsibilities that relate to me as a Mines Rescue course participant, which I am able to access via my Trainer and the Participant Handbook (located on the Mines Rescue website);
- I acknowledge that I have read the specific information provided to me about facial hair and the use of breathing apparatus under Australian Standard 1715 if applicable to my training (refer to the Participant Handbook);
- I understand that components of this training course may involve using breathing apparatus and rescue equipment as well as physical exertion in conditions that could be mentally and physically stressful. I have indicated that I do not suffer from any medical condition including any heart or lung disorder or disease, nor am I aware of any other physical or mental conditions which could affect my ability to undertake rigorous physical activity in differing environments such as confined space, humid conditions or at heights. I further acknowledge that being admitted to a course, Mines Rescue does not assess my physical or mental condition/preparedness for the course, but relies on my responses to the Section 3B Health Screening and my ability to assess my own limitations;
- I have been provided opportunity to apply for Recognition of Prior Learning (RPL) and will discuss this process with my Trainer where applicable;
- I understand and agree to the Mines Rescue Refund Policy (refer to Participant Handbook);
- I will follow all reasonable safety instructions provided by staff to maintain my safety and wellbeing when participating in training and will adhere to Work Health and Safety requirements, including refraining from smoking on Mines Rescue property or grounds;
- I understand I may be required to undertake alcohol testing prior or during the course I am enrolled in;
- I understand if I am entitled to the issuance of an identification card (e.g. CABA, Confined Space) unless I object my photograph will be taken for this purpose and retained on an internal database only accessed by staff who need to do so to perform their duties; and I understand without my photograph the identification card cannot be issued;
- I grant permission to Mines Rescue to locate my USI if required;
- I authorise Mines Rescue to provide my employer listed below a copy of my training outcomes in relation to this course;
- The information I have provided is true and accurate to the best of my knowledge and I accept that information will be used for the purposes outlined in the Privacy Statement.

Employer/s Name:		Location:	
Participant Signature:		Date:	

6. PROOF OF IDENTITY (sighted by Mines Rescue Trainer/Representative)

Evidence:	<input type="checkbox"/> Drivers Licence <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other: _____		
Trainer Signature:			
Trainer's Name		Date:	

Hunter Valley Mines Rescue Station 6 Lachlan Ave Singleton Heights NSW 2330 p: 6573 9000 f: 6573 2007 hvms@rescue.coalservices.com.au	Newcastle Mines Rescue Station 533 Lake Road Argenton NSW 2284 p: 4922 4400 f: 4958 3504 nmrs@rescue.coalservices.com.au	Southern Mines Rescue Station PO Box 41 Corralim NSW 2518 p: 4286 5499 f: 4285 1397 smrs@rescue.coalservices.com.au	Western Mines Rescue Station PO Box 338 Lithgow NSW 2790 p: 6350 1000 f: 6352 3684 wmrs@rescue.coalservices.com.au
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