

**GOSPORT AND FAREHAM INSHORE RESCUE SERVICE MEMBERSHIP APPLICATION FORM**

Please Return this form to GAFIRS, 21 Lodge Gardens, Gosport, Hampshire.

Tel 02392 584017 ----- Email secretary@gafirs.org.uk

**PLEASE COMPLETE ALL INFORMATION.**

You will need to provide copies of your qualifications Applications Missing Information may be returned

Surname:		Forename:		Title:
Address:				
		Post Code:	Home Tel:	
Mobile Tel:		Pager:	E-Mail:	
Date of Birth:		Age:	Occupation:	
Next of Kin	Name:			
Address:				
Home Tel:		Work Tel:		Relationship:

STATE YOUR HIGHEST QUALIFICATIONS IN THE FOLLOWING AREAS:		AREAS OF INTEREST	TICK
Swimming		Lifeboat Crew	
Lifesaving		Shore Crew	
Boat Handling		Duty Officer	
First Aid		Diver (rescue/general)	
Canoeing		Canoeing	
Sailing		Fundraising	
Diving (sub-aqua)		First Aid	
Other		<b>GALLEY</b>	

Areas of Specialist Knowledge:

General Interests:

<b>Membership Categories (Please Tick)</b>		I pay tax and wish GAFIRS to reclaim this on all donations on or after this declaration, including the membership fee. I may cancel this at any time in the future.  Signed _____  Date _____
FULL		
CADET		
SUPPORTING		
MEMBERSHIP is £20 For Full / Supporting £10 For Cadets		

**DECLARATION**

I wish to join the Gosport and Fareham Inshore Rescue Service. I will abide by the club rules and constitution.

I understand that when carrying out service conditions may involve exposure, fatigue, stress and hunger.

I am aware of the Fire and Emergency Procedures (assembly point on slipway)

I believe there is no medical reason why I may not join the service.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Parent (if under 18) \_\_\_\_\_

**Please complete the medical declaration overleaf.**

**GOSPORT AND FAREHAM INSHORE RESCUE SERVICE**

**"IN CASE OF EMERGENCY"**  
**MEDICAL INFORMATION**

In an emergency there might be vital information that the medical teams and the hospital need to know about your health but you are unable to tell them. If you wish us to record this information and pass it on in such an emergency then please fill in the form below. All information will be kept strictly confidential in all other respects.

**IN CASE OF EMERGENCY PLS CALL:.....ON TEL NO.....**

***Life Threatening Allergies / Serious Medical Conditions:***

Examples include: Nuts / Insect Stings / Drugs (e.g. Penicillin)/ Latex / Elastoplast Allergies/ Asthma/ Epilepsy/ Diabeties/ Heart Conditions

***GP/Doctor's Details (inc telephone number):***

***Hepatitis A and B and Tetanus vaccination Status:***

These vaccinations are highly recommended.

I am in date for: Hep A / Hep B / Tetanus – Circle all that apply

Any questions – please contact me.

Dr Brando C C Tamayo  
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Department of Anesthesia  
Southampton General Hospital  
SO16 6YD

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