



**Hands on Health Australia**  
**APERN - Australian Practitioners Emergency Response Network**  
**BUSHFIRES EAST GIPPLSLAND VICTORIA 2020**  
**Volunteer Practitioner Registration Form**

The following information will be used to coordinate our current volunteer roster. You will be contacted later to see if you would like to continue to remain on our data base as a volunteer.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile number: \_\_\_\_\_ ID: \_\_\_\_\_

Address: \_\_\_\_\_

Tactile Modality: \_\_\_\_\_ Qualification: \_\_\_\_\_

Association Name & Member ID: \_\_\_\_\_

Please provide details of the following:

- Police Check details \_\_\_\_\_
- Working with Children Check \_\_\_\_\_
- Professional Indemnity Insurance \_\_\_\_\_

Please indicate if you have any social work, counselling, psychology training or experience or experience in a disaster/crisis? If yes, briefly explain:

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**Departure Monday 20 January** – time and meeting point to be confirmed.

**Tuesday 21 January - Bairnsdale - 10am - 4pm** (times may alter depending on interest)

We will split up into two groups today. One located at the Bairnsdale CFA station and the second at the Bairnsdale Aerodrome (we have had a lot of foot traffic here)

**Wednesday 22 January - Buchan (1 hour from Bairnsdale) - 10am - 4pm**

Go as a group to Buchan, roads are currently only open for local traffic but as we are coming to support the community we will be let in, we will be treating at the local recreational oval in the centre of town.

**Thursday 23 January - Swan Reach (30 minutes from Bairnsdale) - 10am - 4pm**

This area is currently unconfirmed but am awaiting confirmation.

**Friday 24 January - Swifts Creek - (1 and 1/2 hours from Bairnsdale) 10am - 4pm**

Going as a group to Swifts Creek

Would you be interested in offering your assistance with follow up programs once the immediate crisis is over? YES / NO

How did you find out about the HoHA Emergency Response volunteer program?

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The information I have provided is true and accurate

Please sign: \_\_\_\_\_

Date \_\_\_\_\_

For further information and to return this form please contact:

[admin@hoha.org.au](mailto:admin@hoha.org.au) or [april@hoha.org.au](mailto:april@hoha.org.au)

**Hands on Health Australia**

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