



AFS SAFARI

Group Leader Profile

Name:..... Age:.....

Address:.....
.....

Phone Number:..... Email address:.....

Are you currently working? YES NO

If yes, what is your occupation?.....

How long and in what capacity have you been involved with AFS?.....
.....
.....

Do you have any previous experience with students in a similar program? If so what experience and when?
.....

Please indicate your specific Outdoor Education/Camping experience (if any).....
.....

Please write a few sentences highlighting the reasons why you would like to be an AFS chaperone and the skills that you possess that will be beneficial in the role of a chaperone.....
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.....
.....
.....
.....
.....

Language proficiency

Proficiency (please tick)

Language..... Speaking Reading Writing

Language..... Speaking Reading Writing

Do you have a current First Aid Certificate? YES / NO If yes, please give expiry date:.....

Do you have any physical restrictions, impairments, or allergies that will limit participation in walking or sightseeing? If yes, please explain
.....

Have you ever been convicted of a felony? YES NO



PERSONAL MEDICAL DECLARATION

Please answer the following questions as fully and accurately as possible. All information will remain confidential to Discoveries Down Under and any relevant care and response personnel.

Name of the program:..... Dates:.....to.....

Surname:..... First Name:.....

Address..... City:..... State:..... Post code:.....

Phone:..... Mobile:..... Email:.....

Sex: Male Female Age: / /
years months

Weight:..... Height:..... Do you smoke: YES/NO Average per day:.....

PLEASE NOTE: It is the responsibility of participants to ensure that they have adequate insurance to cover the cost of any medical, dental, ambulance or other related expenses that may arise during the course. If you are not an Australian resident and /or are not registered with Medicare, you will need to obtain suitable insurance as medical treatment in Australia is not free. Travel agents can provide suitable "travel insurance" policies.

Medicare number:..... Health Care Card Number:.....

Private Medical or Health Fund: YES / NO Health Fund Name:.....

Do you have, or have you ever had, any of the following conditions?

	YES	NO		YES	NO
1			21		
2			22		
3			23		
4			24		
5			25		
6			26		
7			27		
8			28		
9			29		
10			30		
11			31		
12			32		
13			33		
14			34		
15			35		
16			36		
17			37		
18			38		
19			39		
20			40		

Please give details

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CONTACT PERSON IN CASE OF EMERGENCY:
 Please ensure that this person is contactable for the duration of your course and is aware that they are your contact.

Surname:..... First name:..... Relationship:.....

Address:..... City:..... State:..... Post code:.....

Phone (day):..... Phone (night):..... Mobile:.....



AUTHORISATION AND PERSONAL DECLARATION

1. In the event of medical or other problems arising during the program/activity, I agree to the information contained herein being made available to appropriate people rendering assistance or from whom advice may be appropriate. I understand that there may be significantly fewer medical, emergency responses, domestic transport or any other type of facilities available, than in general everyday life.
2. I understand that AFS Australia relies on the information provided in this document and it is important that it is accurate, complete and up to date to help ensure the well being and safety of participants during the program/activity.
3. In case of my own injury or illness, I authorise AFS Australia to obtain any medical assistance deemed appropriate, including ambulances or other rescue transport, and agree to accept full financial responsibility for all medical and related expenses.
4. **Research:** I consent to AFS Australia using any of my feedback or research data.

YES

NO

5. **Publicity:** I consent to AFS Australia sending a Media Release to any newspaper and using photos, information or quotes about my participation for publicity purpose.

YES

NO

6. I accept and understand that AFS Australia endorses anti-discrimination practices and is governed by current Australian Anti-Discrimination Policy. I acknowledge that my participation is consistent with this policy.
7. I acknowledge that I have read and understood all parts of this document, accept and understand paragraphs 1,2,3,4,5, and 6 above and have checked back over the form to ensure that it is complete in all respects. Any information inserted or provided on additional notes is also complete and accurate.

Name.....

Signature:.....

Date:.....