

125 Monier Road Seventeen Mile Rocks 4073 (PO BOX 3026 DARRA 4076) E-mail: Info@csms.org.au

Web: www.csms.org.au Phone: 0490 805 539

		Phone: 0490 805 539			
Application Fee – New Member	\$ 20.00	Fees payable to Treasurer by EFT, cash or cheque			
Membership Fee per annum or	\$ 100.00	EFT Details: Westpac Bank BSB 034-108 Account no: 690264			
Pro-rata for part year	\$ 60.00	Account Title: Centenary Suburbs Men's Shed Inc.			
Total Fees Due	\$				
PERSONAL DETAILS					
Surname: Fi		First Name:			
Preferred first name for name tag	g (if different	t):			
Street Address:					
Suburb:		Postcode:			
Home Phone:		Mobile No.:			
Email Address:					
Please print e	mail address cled	arly with text case sensitive.			
Date of Birth (dd/mm/yyyy):					
200/4694					
PRIVACY		the day, to be a green and divising a green			
, , , , , , , , , , , , , , , , , , , ,	•	thday to be announced during open Yes No			
meetings and published in news					
		ain confidential within the association but may be included in			
		members. Will you permit the distribution to other mem			
of your email, phone number and Suburb Yes No					
		taken from time to time and distributed for publicity and sions if you do not wish to be photographed			
EMERGENCY CONTACT DETA	ILS				
Full Name:		Relationship to you:			
Day contact No.:		Mobile No.:			
	he Member	's Medical Records Form which will be held in confidenc			
· · · · · · · · · · · · · · · · · · ·		ned Management Committee. This form will be made			
available for Medical Professionals		_			
Members are asked to update the					
		ask for the medical form to be returned, the form will			
pe shredded after three months fr	•				
NOMINATED BY:		SIGNATURE:			
Must be a current Financial Mem	<i>ber)</i> (Pleas	se Print)			
SECONDED BY:		SIGNATURE:			

(Must be a Committee Member) (Please Print)



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MEMBER CODE OF PRACTICE

- 1. I will attend the Centenary Suburbs Men's Shed with the understanding that the Shed Management Committee, the Shed Manager and the Team Leaders will take every effort to maintain a safe environment in the shed for participants and volunteers.
- 2. I understand that I am to take responsibility for my personal health and well-being while working in the shed and that I have a responsibility to maintain a healthy and safe environment for all people in the shed.
- 3. I will obey safety signs as displayed in the shed.
- 4. I will obey instructions when issued by the shed supervisors.
- 5. I will not smoke cigarettes in the shed or within 5 metres of the shed.
- 6. I will not attempt to work in the shed while I am intoxicated with liquor or drugs.
- 7. I will not work alone in the shed.
- 8. I will take personal responsibility for my personal items taken into the shed.
- 9. I will not wilfully damage the shed environment or any one's personal property.
- 10. I will avoid violence, swearing and aggressive behaviour.
- 11. I will treat others with respect.
- 12. I will maintain reasonable standards of dress, hygiene and grooming.
- 13. I will participate in programmed activities and encourage others to take part.
- 14. I will take an active role with regard to making decisions about programs, program content and expressing personal needs and goals.

I agree to comply with the above Members Code of Practice

Signature:	Date (dd/mm/yyy):	Witness:
		(Must be witnessed by nominator or seconder)
•	Men's Shed is affiliated with the Austr 40,000,000 under AMSA's group insura	ralian Men's Shed Association (AMSA) and is insured for Public and nce policy.
Correspondence - will be distr in the Centenary Suburbs Men		Email address important correspondence will be placed in a folder
-	complete a Statement of Wo	ork Experience and Qualifications to be held on projects available to you.
Office Use Only:		
Attached Statements o	f Work Experience and Qualif	ications? (Yes/No)
Attached Medical Form	? (Yes/No)	
Fees Paid (please circle) ?	Cash EFT Cheque	Membership Register No:
Approved by Managem	ent Committee (Date):	



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Statement of work Experience and Qualifications				
This information will assist the management committee in the selection of appropriate projects av SURNAME (Please Print) FIRST NAME	ailable to you			
Address				
Service history				
Please indicate if you are a Veteran or have an ex-service history Yes No If Yes, please indicate Service record (eg RAAF 1970-1996)				
Trade or Professional qualifications				
Please list any Trade or Professional qualifications (specify the two main qualifications)				
Work Experience				
Please list Work Experience (e.g. office manager, salesman, builder, - main three only)				
Hobbies/Interests Please list your hobbies or interests (main three only)				
Thank you for completing this form. Please return it with your application form.				



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ARE YOU PREPARED TO HELP?

Centenary Suburbs Men's Shed Inc. (CSMS) is a `Not for Profit' association with aims that assist men to achieve personal worth through socialising with each other and through assisting with community projects. CSMS is run by volunteers who see the intrinsic value in helping fellow members and members of the general community. The Management Committee needs help to run an efficient and effective organisation and there will be several sub committees established with specific purposes.

	tick the appropriate box/es to indicate what areas you would like to be involved in			
Tick	Function	Roles		
	Catering and Bunnings BBQ	 Catering – Assisting with preparation of and running of social activities at Shed Catering – Assisting with set up and clean up Bunnings BBQ - Helping to organise and purchase food items Bunnings BBQ - Attending on a roster 		
	Member Welfare	 To join a small group to welcome new members and visitors to our meetings/shed. To telephone new members to encourage and inform them of activities. To telephone members who are ill, incapacitated, not able to attend meetings 		
	Community Projects	 Work in small groups to assist the community when requested Liaise with community groups with regard to projects when required 		
	Members meetings program	 Help develop a balanced yearly program for monthly members meetings Engage guest speakers well in advance Assist in running members meetings Assist in set up prior to, and clean up after meetings 		
	Meeting Room Cleaning Roster	 Join a roster and attend on nominated day to clean the meeting room and associated areas. 		
	Grant and Funding resourcing	 Ascertain new forms of Grant Funding or income sources. Help compile and write grant applications. Prepare reports and acquittals for Grant expenditure. Seek sources of sponsorship from businesses. 		
	Shed Operations and Procedures	 To be a Team Leader if requested. To help set up policy and procedures for working in the shed. To address Workplace Health and Safety Issues. To prepare aids, templates etc. for shed projects. To assist in the co-ordination of activities of the shed. 		
	Administration	 To assist with administration duties of the Committee. To be involved in the marketing of the shed through newsletters, web or Facebook. To be a support back up to Team Leaders or Committee members. 		



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MEMBERS MEDICAL RECORDS (Part 1)

MEDICAL IN CONFIDENCE - THIS FORM MUST BE COMPLETED.

This document should be placed in a sealed envelope with your name clearly printed on the front. The sealed envelope will be held in a cabinet at Centenary Suburbs Men's Shed. In the event of a medical emergency, this form will be made available to Ambulance or Medical officers.

PERSONAL DETAILS						
Surname:		First Name:				
Preferred first name for	name tag (if	different):			
Street Address:						
Suburb:				Postcode:		
Home Phone:			Mobile No.:	Mobile No.:		
Email Address:						
	Please pri	nt email addı	ress clearly with text case sens	sitive.		
Date of Birth:		Country of Birth:				
Do you live alone?	Yes	No				
EMERGENCY CONTACT I	DETAILS					
Contact 1 (full Name)		Relationship to you:				
Day contact No.:		Mobile No.:				
Contact 2 (full Name)			Relationship to you:			
Day contact No.:		Mobile No.:				
			1			

IMPORTANT:

PLEASE COMPLETE PART 2 WHICH INCLUDES INFORMATION ON DOCTORS, SPECIALISTS, YOUR MEDICAL RECORD, ALLERGIES AND MEDICATIONS.



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MEMBERS MEDICAL RECORDS (Part 2)

Information listed below is personal and NOT stored in a database and will be held in your envelope file for medical emergency ONLY

Doctors Name:	Practice na	Practice name (If applicable):		
Suburb:	Phone:		Mobile:	
Specialist Name:	Specialist P	ractice nar	ne (if applicable):	
Suburb:	Phone:		Mobile:	
Pensioner Health Card No.				
Veteran Affairs No.				
Health Fund Name:				
Health Fund Card No.:				
Medicare Card No.:				
Medical History	L			
Do you have any existing Medical condition	ns?	Yes	No	
Heart Condition		Yes	No	
Asthma		Yes	No	
Blood Pressure? High Low		Yes	No	
Diabetes 1 or 2		Yes	No	
Epilepsy		Yes	No	
Other		Yes	No	
Blood Group				
Known Allergies?		·		
Medications				
Prescribed Items	Dos	sage		



Centenary Suburbs Men's Shed Inc.

PO Box 3026, Darra Qld 4076 125 Monier Road, Seventeen Mile Rocks, Qld 4073 info@csms.org.au ABN 44759796180

Oaths Act 1867

Statutory Declaration

QUEENSLAND TO WIT

I	of
<insert (capital="" -="" full="" in="" letters)="" name=""></insert>	<insert address="" full="" in="" including="" postcode=""></insert>
in the State of Queensland do solemnly and sincerely	declare that:
1. As a current member of the Centenary Suburbs Mer Blue Card for working as a volunteer within that organ minors.	
2. Should I be convicted of an offence (As attached to being eligible to apply for and obtain a Blue Card, I will Committee of the Centenary Suburbs Men's Shed and	ll immediately inform the Management
And I make this solemn declaration conscientiously be the provisions of the Oaths Act 1867.	elieving the same to be true, and by virtue of
Signature of declarant/deponent	
Taken and declared before me at this day of	
Signature	
A Justice of the Peace/Commissioner for Declarations	3.

*Disqualified person

It is an offence for a disqualified person to make a blue card application.

A disqualified person is someone who:

- has been convicted[±] of a disqualifying offence, which includes having sex with a child (irrespective of the type of relationship e.g., teenage boyfriend/girlfriend. Unlawful carnal knowledge), other child-related sex or pornography offences, murder and other serious sexual or violent offences against an adult or child (irrespective of the penalty and regardless of when and where it occurred); or
- is the subject of:
 - o reporting obligations or an offender prohibition order under the *Child Protection* (Offender Reporting and Offender Prohibition Order) Act2004; or
 - a disqualification order issued by a court prohibiting them from applying for or holding a blue card; or
 - o a sexual offender order under the Dangerous Prisoners (Sexual Offenders) Act 2003; or
- Is the respondent to an application for an offender prohibition order under the Child Protection (Offender Reporting and Offender Prohibition Order) Act 2004

± Conviction/convicted means a finding of guilt by a court, or the acceptance of a plea of guilty by a court, whether or not a conviction is recorded and regardless of when and where it occurred.

§ Non-conviction charge means. whether a person was charged as an adult or a child, a charge: that has been withdrawn; that has been the subject of a nolle prosequi, a no true bill or a submission of no evidence to offer; that led to a conviction that was quashed on appeal; or upon which a person was acquitted or disposed of by a court otherwise than by way of conviction.

A disqualified person can apply to be declared eligible to apply for a blue card in certain limited circumstances. Further information about disqualified persons is available from https://www.qld.gov.au/bluecard or by contacting Blue Card Services on 07 32116999 or 1800 113 611.

T Negative notice

It is an offence for a negative notice holder to make a blue card application.

A negative notice holder is someone who:

- has been issued a negative notice after applying for a blue card; or
- was issued a negative notice after their blue card was cancelled due to a change in police or disciplinary information.

A negative notice holder can only apply to cancel a negative notice if two years have passed since the negative notice was issued, or in other limited circumstances. This can be done by completing the *Application to Cancel a Negative Notice* form.

For more information about the blue card system and your obligations go to https://www.qld.gov.au/bluecard

† Police information

A change in police information includes:

- any charge or conviction for an offence (conviction means a finding of guilt by a court, or the acceptance of a plea of guilty by a court, whether or not a conviction is recorded and regardless of when and where it occurred);
- the existence of police investigative information relating to allegations of serious childrelated sexual offences, even if no charges were laid;
- where the person is the subject of an application for a disqualification order (which is an order that prohibits a person from holding or applying for a blue/exemption card);
- where the person is the respondent to an application for an offender prohibition order under the Child Protection (Offender Reporting and Offender Prohibition Order) Act 2004: or
- where the person becomes subject to reporting obligations or a child protection offender prohibition order under the Child Protection (Offender Reporting and Offender Prohibition Order) Act 2004; or a disqualification order; or a sexual offender order.

Restricted person

It is an offence to employ, or continue to employ, a restricted person in restricted employment.

A restricted person is someone who:

- has been issued with a negative notice, or
- has a suspended blue card, or
- is a disqualified person, or
- has been charged with a disqualifying offence which has not been finalised.

Restricted employment

There are some exemptions which allows a person to work with children without a blue card, such as:

- volunteer parents
- volunteers under the age of 18 years, or
- paid or unpaid staff who work in child-related employment for less than 7 days in a calendar year.