



Queensland Fire and Emergency Services

FIRE SAFETY ADVISER NETWORK MEMBERSHIP FORM



Please send this completed form with attached 'Statement of Attainment' via:

postal		email		fax	
--------	--	-------	--	-----	--

FSA Network Membership
 Queensland Fire and Emergency Services FSA.Registration@qfes.qld.gov.au 07 3262 4817
 Safety Assessment Unit
 GPO Box 1425
 BRISBANE QLD 4001 ;

SECTION 1 - PERSONAL DETAILS (please print clearly)

Title:	<input type="text"/>	Residential Address:	<input type="text"/>		
Surname:	<input type="text"/>	Suburb:	<input type="text"/>		
Given Names:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>
Email:	<input type="text"/>	Mobile	<input type="text"/>		
Home Phone:	<input type="text"/>				

SECTION 2 - EMPLOYER DETAILS (If applicable) Please provide postal address not street address where applicable.

Employer/ Business Name:	<input type="text"/>	Business Address:	<input type="text"/>		
Work Phone	<input type="text"/>	Suburb:	<input type="text"/>		
		State:	<input type="text"/>	Postcode:	<input type="text"/>

SECTION 3 - SIGNATORY CONFIRMATION

I declare that I have attained all units of competency required for a Fire Safety Adviser ('Statement of Attainment' or other equivalent documentation attached) and that all information contained in this application is true and correct:

Applicant Signature:

Have you attached your 'Statement of Attainment' document? Yes No Document required for card issue.

Privacy Notice: The information on this form is collected by the QFES for the purpose of recording membership of the Fire Safety Adviser Network and to enhance communication regarding community fire safety. The information will not be released to third parties except where required by law.