

	St John Youth Prospective Member Form	DOC ID: FOR/FAS/027
		Version: 1.2
		Effective: 1 Feb 2019

This form is completed when a prospective member visits the division. It is submitted by the Division via CareMonkey should the prospective member wish to join St John Youth.

Prospective Member Details					
First Name		Family Name			
Date of Birth		Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>
					Female

Has the prospective member ever been a St John Youth member? _____

If yes – Member ID If known _____ Previous Division _____

Accompanying Parent / Guardian details	
Name	
Mobile number of parent during visit	
Parent email address	
Home address	

Medical Details
Does the prospective member suffer from any on-going illnesses that we need to be aware of? E.g. asthma, diabetes, epilepsy No Yes (Please list)
Does the prospective member suffer from any allergies ? No Yes (Please list)
Does the prospective member have any medications with them ? No Yes (Please list)

Parent Consent to Visit			
I consent to my child attending St John Youth to trial the program and partake in activities within the Division			
Parent/Guardian Signature		Date	

After Trial Visit/s			
I wish for my child to formally join St John Youth.			
Parent/Guardian Name			
Parent/Guardian Signature		Date	

Approved:
Author:

CHIEF EXECUTIVE OFFICER
GENERAL MANAGER EVENT HEALTH SERVICES