**Application Form**

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| --- | --- | --- | --- |
| Name: |  | |  |
| IFE Member (Y/N): |  | |  |
| Membership Number: |  | |  |
| Email address: |  | |  |
| Phone: |  | |  |
|  |  | |  |
| Invoice Name: |  | |  |
| Invoice address: |  | |  |
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|  |  | |  |
| Invoice email address: |  | |  |
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| Dietary requirements |  | |  |
| Physical ability: |  | |  |
| Good health: |  | |  |
| Next of Kin: |  | |  |
| Relationship: |  | |  |
| Contact number: |  | |  |
|  |  | |  |
| Payment can be made via Kiwibank  Institution of Fire Engineers  38-9008-0158057-00  Cost $90.00  Add your name and company to details | |  | |
|  | | |  |
| I have read the programme content and understood the activities for the day and agree to comply with all requirements.  I indemnify the Institution of Fire Engineers and Fire and Emergency NZ from any liability for personal injury or loss or damage of property caused or suffered by me while I am undertaking authorised activities of the fire engineering workshop at the FENZ Woolston Training Centre, Christchurch | | | |
| Signature |  | | |
| Date: |  | | |