**Application Form**

|  |  |  |
| --- | --- | --- |
| Name: |  |  |
| IFE Member (Y/N): |  |  |
| Membership Number: |  |  |
| Email address: |  |  |
| Phone: |  |  |
|  |  |  |
| Invoice Name: |  |  |
| Invoice address: |  |  |
|  |  |  |
|  |  |  |
| Invoice email address: |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
| Dietary requirements |  |  |
| Physical ability: |  |  |
| Good health: |  |  |
| Next of Kin: |  |  |
| Relationship: |  |  |
| Contact number: |  |  |
|  |  |  |
| Payment can be made via KiwibankInstitution of Fire Engineers38-9008-0158057-00Cost $90.00Add 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: |  |