

Application for band membership

The Derwent Valley Concert Band collects specific information from members in accordance with the requirements of the Privacy Act. This information is used only for the purposes of facilitating membership of the Band, is held in confidence and is not provided to a third party. Further information is available on the DVCB website dvcb.org



Personal Information <i>(applicant information)</i>			
Preferred name			
First name			
Surname			
Date of birth <i>(only required if under the age of 19)</i>			
Residential address	<i>Number and street name</i>		
	<i>City/Suburb</i>		
	<i>State and postcode</i>		
Postal address <i>(only complete if different to above)</i>	<i>Number and street name</i>		
	<i>City/Suburb</i>		
	<i>State and postcode</i>		
Contact phone number			
Email address			
Do you consent to your photo being used in DVCB promotional materials? <i>(Please circle)</i>		Yes	No
Do you have any existing medical conditions/ allergies/ ailments that might affect your participation in band activities and/or give rise to a medical emergency about which the band should be aware? <i>(Please circle)</i>		Yes	No
Do not wish to disclose			
If yes, please provide details:			
In the case of a medical emergency, I give permission for the band to act in my best interest to provide help.		Yes	No
Do you have a current Working with Vulnerable Person Registration?		Yes	No
If yes, Registration number and expiry date?			
Do you have a current first aid qualification		Yes	No
If yes, Registration number and expiry date?			
Do you have an RSA (Responsible Serving of Alcohol)?		Yes	No
If yes, Registration number and expiry date?			

Parent / Guardian Information <i>to be completed by a parent or guardian for applicant's under 18</i>			
Preferred name			
First name			
Surname			
Address	<i>Number and street name</i>		
	<i>City/Suburb</i>		
	<i>State and postcode</i>		
Contact phone number			
Do you consent to your child's photo being used in DVCB promotional materials? <i>(Please circle)</i>		Yes	No
In the case of medical emergency, or to provide first aid I give permission for the band to act in my child's best interest to provide help.		Yes	No

Emergency Contact Information			
Emergency contact's name			
Relationship to applicant			
Address	<i>Number and street name</i>		
	<i>City/Suburb</i>		
	<i>State and postcode</i>		
Contact phone number			

To be completed by the person applying for membership.

I agree to inform the DVCB of any changes to my personal details. This can be done by emailing the Secretary at secretary@dvcb.org

I understand and agree to abide by the rules of the Derwent Valley Concert Band and represent the organisation accordingly to the best of my ability.

Signed _____ Date _____

To be completed by a parent or guardian if applicant under the age of 18.

I have read, understand, and endorse my child's application to become a member of the Derwent Valley Concert Band.

Signed _____ Date _____

To be endorsed by conductor of ensemble.

I endorse this applicant for membership of: DVCB DVCW DVDB DVMB

Signed _____ Date _____

To be filled out by the committee.

Presented at committee meeting

Date _____

Outcome of application for membership at meeting

Successful / Failed

Information entered into the membership database

Date _____