



Challenge 2015

Application Form

Group 1 (Aged 16-17 as at the first day of the program)

The Challenge 2015 program is conducted over twelve days from **Saturday 10th January 2015 to Wednesday 21st January 2015** and includes an initial three day classroom based personal development program at the CFA State Training College, Fiskville followed by seven days in the Victorian bush.

Candidates for Challenge must:

- Be a member of a CFA brigade
- Be able to swim and have a reasonable level of fitness
- Have the support of their brigade captain

Please note that the Challenge program is a non-smoking and alcohol-free course.

Application process:

1. Applicant must complete all questions on pages 2 – 5 (please type if possible).
2. The application document must be submitted to your Brigade Captain by **Friday, 30 June 2014**.
3. Your Brigade Captain is to immediately complete the **Brigade Captain's Reference / Comments** included in this application form.
4. You the applicant, your parent/guardian, and your Brigade Captain should then sign the bottom of the application form.
5. The Captain must forward the completed application to the Manager Training and Development for your Region by **Friday, 11 July 2014**.

After your application has been submitted:

- The Manager Training and Development will then forward your application, together with other applications from your Region/District, to the District Planning Committee.
- The District Planning Committee will offer its comment on each application and indicate its order of merit. You may also be invited to attend a selection interview.
- All applications are then forwarded to: Craig Ferguson, Manager Training Delivery, CFA HQ, by **Friday, 29 August 2014**.
- All applicants will be notified whether their application has been successful by the end of **September 2014**.



Challenge 2015

Saturday, 10 January - Wednesday, 21 January

APPLICATION FORM – GROUP 1 (AGED 16-17 YEARS)

VOLUNTEER MEMBERSHIP DETAILS

Brigade: District:
Member No:

PERSONAL DETAILS

Name:
Postal Address:
Postcode:
Telephone: (b/h) (a/h)
Mobile: Email:
Age: Date of birth:

Group 1 participants must be aged 16 to 17 years as at the 1st day of the program (10/1/2015).

PARENT/GUARDIAN DETAILS (one only)

Name:
Address:
Postcode:
Telephone: (b/h) (a/h)
Mobile:

FIRE BRIGADE SERVICE

Brigade	Years of membership	Position/rank held
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

NON-CFA VOLUNTARY / COMMUNITY SERVICE ACTIVITIES (if applicable)



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HOBBIES / INTERESTS

SUBMISSION

Answer the following questions to support your application for Challenge 2015.

If insufficient space is provided, please attach additional pages to this application.

- 1. How long have you been involved with your brigade and what sort of activities have you been doing?**

(For example: Do you have any specific roles, tasks or responsibilities? Have you been involved in or provided support for special events, major incidents, training activities etc.?)

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2a. What are your aspirations as a member of CFA?

*(For example: Is there anything specific you would like to achieve, either for yourself or your brigade?
Do you have goals that your involvement in CFA will help you reach?)*

2b. How do you believe this program will develop your leadership strengths?

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3. *What areas of yourself would you identify need specific development to make you a more effective leader?*

ADDITIONAL COMMENTS

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BRIGADE CAPTAIN'S REFERENCE/COMMENTS

(Please refer to the applicants submission included and complete the following questions to support your recommendation.)

1. Why do you think the applicant should be a participant in the Challenge 2015 program?

2. How do you believe this applicant would benefit from this leadership development program?

3. What professional development do you believe this applicant would benefit from?

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BRIGADE CAPTAIN'S AUTHORISATION

I have discussed my comments with the applicant (please ✓)

Yes

No

Name:

Signature:

Date:

PARENT/GUARDIAN AUTHORISATION

I, , offer my full support as parent/guardian for to participate in Challenge 2015. I also give permission for emergency medical treatment to be provided, including medication and transfusion, in the event of there being an immediate need for treatment, and in the event that I cannot be contacted beforehand.

Signature:

Date:

APPLICANT AUTHORISATION

Applicant's signature:

Date: