

If yes, please describe your own emotional response to these events, during and after: _____

Do you have any other abilities or qualifications you would like the Coastguard to know about?

Are you available for Callout? Days / Nights / Weekends

Where did you hear about Coastguard Hibiscus? (please give details)

Qualifications – checklist

Full name of holder: _____

Qualification	Tick If held √	Cert/License Number	Date of Issue	Place of Issue	Date of Expiry	Sighted by Unit Training Officer [Initial]
Dayskipper						
Boatmaster						
Coastal Skipper						
Master CRV						
Senior Master CRV						
LLO						
ILM						
VHF/RRTOC Licence						
Basic First Aid						
Medic First Aid						
Coastguard SAR Medic						
Coastguard Advanced SAR Medic						
Other relevant qualifications (please detail)						

I understand that my acceptance as a full Operational member of Coastguard Hibiscus Inc. is subject to the agreement of the Coastguard Hibiscus Committee following successful completion of the Coastguard New Recruit course, return of a PVS form which is clear of criminal history and deemed a suitable recruit at the discretion of the Coastguard Hibiscus Committee.

I also understand that should I be finally accepted into Coastguard Hibiscus on successfully completing training, I may resign at any time should I wish to do so.

Privacy Information

Personal information is compiled and stored for purposes related to Coastguard activities and in particular to ensure that volunteers have appropriate and up to date qualifications and training. This information will be used by Coastguard Hibiscus, Coastguard Northern Region and Coastguard New Zealand in relation to any inquiries into any circumstances involving Coastguard.

The contact details may also be used to provide to volunteers relevant information both from within and outside Coastguard or to contact next of kin in the event of an emergency involving the volunteer and will not be provided to other Coastguard volunteers.

Except, as detailed above, or as otherwise required by law, the information will not be released to parties outside of Coastguard without the members consent.

Any member may request access to the information held about them and may request correction of such information. Any request should be directed to the Coastguard Hibiscus Unit Membership Officer.

I certify that I have read and understood all sections of this form and that all information I have provided is true and accurate at this time. I understand that it is my responsibility to keep the information held on me by Coastguard Hibiscus up to date.

Date

Recruit Signature

Unit Recruitment Officer' s Use:

Date of Recruit Induction Visit to Hibiscus Rescue One:

Inductor's Signature:

Inductor's Name (please print)

PVS form accepted as satisfactory record by Coastguard Northern Region: Yes No

Signature of Unit Recruitment Officer:

Date:

Recruit accepted as full Operational member of Coastguard Hibiscus: Yes No

If Yes, date of Coastguard Hibiscus Committee Meeting at which full membership accepted:

Comments: