

APPLICATION FIREFIGHTER EXCHANGE FELLOWSHIP

ONLY FULL TIME TFS EMPLOYEES ARE ELIGIBLE TO APPLY



INSERT IMAGE
HERE

1. Applicant details:

Surname:		Given names:	
Rank:		Date of birth:	
Employee number:		Years of full time service:	
Address:			
City/Suburb:		State: Tasmania	
Country: Australia		Postcode	
Telephone (include international area code): +61			
Mobile:			
Work e-mail address:			
Home e-mail address:			
I wish to exchange: International: <input type="checkbox"/> Within Australia/NZ: <input type="checkbox"/>			
Is English your first language?: Yes*: <input type="checkbox"/> No: <input type="checkbox"/>			
Other languages:		Proficiency:	
Do you hold citizenship in another country	Yes <input type="checkbox"/> No <input type="checkbox"/>	Country of citizenship:	
<i>Note: In order to exchange English will need to be your primary language. TFS may consider exchanges to countries where English is not the primary language if you demonstrate high proficiency in another language.</i>			

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2. Details of Next of Kin in your Home Country

Name:		Relationship to you:	
Address:	City/Suburb:	Postcode:	
Telephone (incl. international code):			
Mobile:			
Work e-mail address:			
Home e-mail address:			

3. Family Details

Please provide full details of family members who will accompany you on the exchange.		
Person 1	Name:	Relationship:
	Country of residence:	Date of birth:
Person 2	Name:	Relationship:
	Country of residence:	Date of birth:
Person 3	Name:	Relationship:
	Country of residence:	Date of birth:
Person 4	Name:	Relationship:
	Country of residence:	Date of birth:
Are you aware of any reasons why any of the above would fail to satisfy immigration requirements in the country you propose to visit? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
If yes, please give details:		
Will any family member for whom you are responsible remain in your home country/state?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

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4. Briefly describe your fire station, turnout area, personnel, appliances, etc.

Firefighters should **NOT** make a commitment to the exchange partner that they will be working at a particular station or with a particular crew. This will be at the discretion of the TFS.

5. Briefly describe duties in your current position or provide a copy of your position description:

Operational Firefighter

1. Work as a member of a team which responds to emergency incidents.
2. Provide basic life support (first aid and enhanced rescue services).
3. Operate and use emergency response vehicles and equipment in a safe and effective manner.
4. Undertake maintenance and testing duties to ensure the upkeep of fire service equipment and property.
5. Acquire and maintain competencies and pursue opportunities for self-development through participation in learning and development activities.
6. Promote community awareness in fire safety and fire prevention through participation in the inspection of property, buildings, emergency response equipment and community education programs.
7. Assist with the development of pre-incident plans.
8. Provide accurate information in reports and statistical data, including the use of computer systems as required.

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6. TFS work hours and leave entitlement

Annual Leave: 52 days per year
Personal Leave (sick): 84 hours per year
Work hours per week: 40 Hours. 320 hours over an 8 week period
Shift roster hours: Day x 2: 0800 -1800. Night x 2: 1800 - 0800. Off x 4

7. Accommodation

Please attach photographs of the interior and exterior of your house.

Note: Unless discussed, exchange partners have sole occupancy of your accommodation. Exchange partners have the option of exchanging jobs and **NOT** accommodation.

If you are successful in obtaining an exchange, would your usual accommodation be available for your exchange partner for the full term of this fellowship?	Yes: <input type="checkbox"/> (please complete the next section) No: <input type="checkbox"/> (consider how you will assist an exchange partner to locate accommodation)
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If you answered yes to the above, please complete the following					
House: <input type="checkbox"/>	Villa unit: <input type="checkbox"/>	Apartment/town house: <input type="checkbox"/>			
Own: <input type="checkbox"/>	Purchasing (mortgage): <input type="checkbox"/>	Rent: <input type="checkbox"/>			
Other:					
No. of bedroom: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>					
Room 1: m long m wide	Ensuite: Yes <input type="checkbox"/> No <input type="checkbox"/>	Single <input type="checkbox"/>	King <input type="checkbox"/>	Queen <input type="checkbox"/>	
Room 2: m long m wide	Ensuite: Yes <input type="checkbox"/> No <input type="checkbox"/>	Single <input type="checkbox"/>	King <input type="checkbox"/>	Queen <input type="checkbox"/>	
Room 3: m long m wide	Ensuite: Yes <input type="checkbox"/> No <input type="checkbox"/>	Single <input type="checkbox"/>	King <input type="checkbox"/>	Queen <input type="checkbox"/>	
Room 4: m long m wide	Ensuite: Yes <input type="checkbox"/> No <input type="checkbox"/>	Single <input type="checkbox"/>	King <input type="checkbox"/>	Queen <input type="checkbox"/>	
Room 5: m long m wide	Ensuite: Yes <input type="checkbox"/> No <input type="checkbox"/>	Single <input type="checkbox"/>	King <input type="checkbox"/>	Queen <input type="checkbox"/>	

Other dwelling details that may be relevant:

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8. General Domestic Information

Will your house insurance be valid when occupied by the visiting exchange partner?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If no, what steps will you take? (brief details)	
Will your contents insurance also cover the effects belonging to the visiting exchange partner?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If no, what steps will you take? (brief details)	
What is your normal method of travel to work?	Car: <input type="checkbox"/> Bus: <input type="checkbox"/> Bicycle: <input type="checkbox"/> Walk: <input type="checkbox"/>
Is public transport available?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Distance from accommodation to: Nearest bus km	Local Shopping Centre km Your workplace km
Is off street parking available at your accommodation? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If no, what arrangement do you normally make regarding your vehicle? (brief details)
Provide a link to information about your community to assist an exchange partner:	

If this application is approved and you then locate an exchange partner you will be required to complete the 'Information for Exchange Partner' form. If an exchange proceeds you will be required to complete the 'Memorandum of Understanding' form. A copy of each is to be held by each exchange partner and Exchange Coordinator.

The residence to be exchanged must be inspected by the TFS before forwarding this application to the Exchange Coordinator to ensure it is appropriate for the exchange.		
Premises inspected and found satisfactory	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Date:
Name:	Rank:	Signature:

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9. Firefighter Exchange Fellowship – Statement of Purpose

Please provide a brief statement of purpose and your likely contributions to the community and the TFS upon your return.

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10. Applicant Agreement/Signing Page

If granted a Firefighter Exchange Fellowship:

- I agree to remain firefighting in my allocated rank for the full designated period of the fellowship.
- I agree to return to my original rank at the end of the fellowship term unless alternative agreements have been made between me and my home fire service, specified in writing
- I agree to notify TFS of any changes in my circumstances which could affect my application (e.g. inability to proceed, change in station location, change in accommodation offered).
- I certify that I have read and understand the Terms and Conditions of the Firefighter Exchange Fellowship and associated documentation, and agree to abide by all conditions.
- I certify that, to the best of my knowledge, all the answers given and the information provided on this application is correct.

Name:	Signature:	Date:
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11. TFS Signing Page

TFS Exchange Coordinator Endorsement

This applicant is recommended as highly suitable for a Firefighter Exchange Fellowship on the grounds of personal character, professionalism and competence.

Name: Chris Tomes	Signature:	Date:
Street address: GPO Box 1526	Suburb/Town: Hobart	Postcode: 7000
Telephone international: +61 3 308443 Mobile: 0419 120 159 E-mail: chris.tomes@fire.tas.gov.au	Website address: www.fire.tas.gov.au	

TFS Regional Chief Endorsement

This applicant is recommended as highly suitable for a Firefighter Exchange Fellowship on the grounds of personal character, professionalism and competence.

Regional Chief	North West: <input type="checkbox"/>	North: <input type="checkbox"/>	South: <input type="checkbox"/>
Name:	Signature:	Date:	

TFS Chief Officer Endorsement

This applicant is recommended as highly suitable for a Firefighter Exchange Fellowship on the grounds of personal character, professionalism and competence.

Name:	Signature:	Date:
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