Probus Club of Templestowe Valley (Inc)

Registration No: 58457

Accreditation Number; 2219

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FORMS FOR PRINTING

Print the forms you need from the following pages:

Page	Form Description
1	Leader Approval Form for Commencement or Renewal of a Group Activity
2	Event Approval Form
3	Expression of Interest List
4	Attendee Registration for Outings, Tours and Getaways
5	Injury or Accident Report for Insurance
6	Payment Request For Activity Funds
7	Activity Yearly Attendance Register
8	Visitor Activity Attendance Register

This document can be downloaded/printed from the club web site at:

http://www.templestowevalleyprobus.org.au/documents/Activity Forms.pdf

Leader Approval Form for Commencement or Renewal of a Group Activity

This form is to be used when a member or group wish to commence a new activity or renew a regular activity for members of the Probus Club of Templestowe Valley.

ACTIVITY LEADER (Name) _____

Tel:_____ **Mob**: _____ **Email**: _____

ASSISTANT LEADER (Name) _____

Tel:_____ **Mob**: _____ **Email**: _____

GROUP ACTIVITY _____

PURPOSE: _____

_____

FREQUENCY OF ACTIVITY: **(If Applicable)**_____

LOCATION OF ACTIVITY: _____

SIGNATURE OF ACTIVITY LEADER_____

TRANSPORT OPTIONS: **(If Applicable)**_____

APPROVAL

Approval Date: _____**Cancellation Date**:_____

(Secretary and other committee member to sign and print names)

Secretary Name _____**Signature**_____

Committee
Member Name _____**Signature**_____

Event Approval Form

Activity _____

Activity Leader _____

Event Description_____

_____

_____

Details of the Event Itinerary (If Applicable)_____
-

_____

_____

Proposed by (Names)

(1)_____ **(2)** _____

Date of Outing_____

Departure location_____

Departure time _____ **Return Time** _____

Name of tour company (If Applicable) _____

Contact details

Name_____**Phone**_____

Number of Passengers/Participants - Max _____**Min**_____

Cost Per Person (Lowest) _____ **Cost Per Person (Highest)** _____

Deposit Required_____ **Date Required**_____

Activity Leader Signature _____ **Date** _____

Approval – Two Committee Members to Sign

Signature 1_____ **Name** _____

Signature 2_____ **Name** _____

Expression of Interest List

Activity …….. Date ……..

Leader…….Phone (H)……..…..(M)……..……

Names of Attendees Including Visitors	Need Transport ? (Y/N)	Can Take Passengers? (Y/ N)	Your Phone No. Mobile Preferred

PROBUS CLUB OF TEMPLESTOWE VALLEY Inc

PAYMENT REQUEST FORM FOR ACTIVITIES and FUNCTIONS

To the Treasurer.

Acivity Group: ……

Acivity or Functon: ……..

Please make a payment to (Payee): …….

……

Amount of Payment: $.....

Payment is requested by: ……. Signature: ……..

Requested Method of Payment

☐ Cheque

☐ Payee Account: BSB…… Account Number.....

Payment Reference: ……..

☐

BPAY: Biller Code…… Customer Ref No. (CRN)……

Probus Club of Templestowe Valley Inc.

Club Affiliation No – 2219 Probus Registration No. 58457 - Incorporation. No - A0045497C

Attendee Registration Form for Outings and Tours

Probus Club of Templestowe Valley Inc.

Club No. 2219 Inc. No.A0045497C

Outing/Tour Destination _ _ _

Probus Club of Templestowe Valley Inc.

Club Affiliation No – 2219 Probus Registration No. 58457 - Incorporation. No - A0045497C

Probus Injury Accident Report

Probus Club Name Inc. ……
Club Number ……..... Inc. Number ……..……
Was this an ---> Accident___ Injury ___ Incident_____ (please tick one)
.
Date of Accident / Injury / Incident…… Time ……..……
Location of Accident / Injury / Incident
……
……
……
Number of Persons present at Meeting/Activity/Outing/ Tour ……...……
Describe the activities of all parties involved at the time of the Accident/Injury/Incident
……
Cause of Accident/Injury/Incident
……
……
Number of Persons Injured (if applicable) .....
Name of injured person (1) ……..… Details of injury: ……..……..……
……
……
Name of injured person (2) …… Details of injury: ……..……..……
……..……
……..……
…… Add Attachment if Necessary

Was the Ambulance Service called? (please circle) Yes No
Was the Police notified? (please circle) Yes No
If yes by whom?…… At what time? ……
Name of Ambulance Officer in charge ……..……..……
Name of Police Officer in attendance ……..……..……
Police Station……
Accident/Injury/Incident first reported to:
Name ……..…… Signature……
Position within the Club ……..……
Home Address ……..……
Post Code ……..…… Home Phone ( ) ……..… Mobile……
Date Reported ….…… Time ……..
If any significant delay in reporting the event please state reasons
……
Witnesses to Accident/Injury/Incident (at least two required)
(1) Name……
Address ……..……..
Post Code ……..…… Home Phone ( ) ……..… Mobile……
(2) Name ……..……
Address ……..
Post Code ……..…… Home Phone ( ) ……..… Mobile……
Accident / Injury / Incident referred to …….. for investigation into cause and subsequent remedial action on (date) …….

Further Comments: ……(Add Attachment if necessary)

Regular Member Activity Register

Attendance List for (Activity Name)……..…… January to December - Year ……...

Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Club Affiliation No 2219 **Probus Club of Templestowe Valley Inc** Reg No. 58457 Inc No. A004597

Regular Activity Visitor Register

Visitor Attendance List for (Activity Name)..... January to December - Year .....

Name & Address	Phone No	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Use two lines if necessary		**Place Number of Visits if more than 1 per month**											