



FORMS FOR PRINTING

Print the the forms you need from the following pages:

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

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

Probus Club of Templestowe Valley Inc.

Club Affiliation No – 2219

Probus Registration No. 58457 -

Incorporation. No - A004597C

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** _____

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EVENT APPROVAL FORM

To be used to obtain approval for and event that is not an approved regular activity

Activity _____

Activity Leader _____

Event Description _____

Details of the Event Itinery (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 _____

Date Approved _____

Incorporation. No - A004597C

Expression of Interest List

[illegible]

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Registration Form for Outings and Tours

Outing/Tour Destination _____

Date: From _____ **To** _____

Outing/Tour Leader(s) _____

Participants declaration:

I _____ (NAME OF MEMBER/VISITOR)

hereby apply to participate in the above Outing/Tour and in doing so agree that:-

- I understand that I am the person who is fully responsible for the state of my health and I undertake to do all that is necessary so as not to place other participants at risk, including putting them under stress or duress or putting them in danger because of the state of my health or my behavior.
- I hereby declare that to the best of my knowledge I am fit enough to undertake Club activities and agree to advise the Club should my state of health change.
- I hereby declare that I will only participate in activities where I am physically capable.
- I understand that it is not the role or responsibility of the Club or a Club member to act as a carer if required.
- I understand that it is my responsibility to advise the Club Secretary in writing of any change to this declaration.
- I understand that by completing this declaration that it in no way restricts or limits the insurance cover available to me as a member or visitor through the Probus National Insurance Program while participating in an approved activity of the Club.
- I understand that the Probus National Insurance Program does not provide coverage for illness and that I can access information about the coverage available under the program from the Club Administration section of the PSPL website or by contacting the Club Secretary.
- I understand that if considered necessary 000 will be called.
- In the case of any accident, illness or emergency please contact my next of kin:

Name _____ **Relationship** _____

Telephone Number _____

Email _____

MEMBER'S SIGNATURE _____ **DATE:** _____

VISITOR'S SIGNATURE _____ **DATE:** _____

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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)

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Incorporation. No -

PAYMENT REQUEST FORM FOR ACTIVITIES and FUNCTIONS

To the Treasurer.

Activity Group:

.....

Please make out a cheque payable to:

Name: -.....

Amount of the cheque: - \$.....

Cheque is requested by: -

Member Name: -

Signature

Comments:

.....

.....

.....

Treasurer's Use Only

Date Paid:/...../.....

Cheque No.:

Payment Request

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