



DFES URBAN SEARCH & RESCUE TASK FORCE VOLUNTEER CANINE UNIT EXPRESSION OF INTEREST FORM

Name	
Residential Address*	
Work Phone	
Mobile Phone	
Home Phone	
Email	
Occupation	
How did you hear about us?	
Do you have any relevant skills, qualifications, and/or experience in canine handling?	
Why do you wish to become a member of the USAR Canine Unit, and what relevant attributes would you bring to the team?	

EOI Application for the following role/s	
<input type="checkbox"/> Canine Handler	<input type="checkbox"/> Canine Trainer
<input type="checkbox"/> Support Training	<input type="checkbox"/> Support Assessments
<input type="checkbox"/> Support Training (looking to acquire a canine in future)	

* Only people living in the Perth Metropolitan area will be considered for these roles

(Continued on next page)

<p>Applications close on Thursday 31st March 2016. Late and incomplete entries will not be considered for this round of recruitment.</p>

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Application Checklist

(Must be completed for application to be accepted)

Have you read the USAR Canine Unit EOI – March 2016?	Yes	No
Have you discussed the extra requirements with your family?	Yes	No
Have you completed your written application?	Yes	No
(Canine Handler applicants only) Have you completed Pages 3&4 – Canine Details?	Yes	No
Signature		Date

**Please mark your application
“CONFIDENTIAL – JOB OPPORTUNITY 58/2016”
and email to: jobs@dfes.wa.gov.au**

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VOLUNTEER CANINE UNIT EXPRESSION OF INTEREST FORM

EOI - Canine Details (Canine Handlers Only)		
Age		
Breed		
What previous training has your dog completed? (e.g. puppy training, obedience, tracking)		
Details:		
Why would your dog be suitable for USAR work?		
Details:		
If you do not already have a suitable canine are you prepared to get one?	Yes	No
Is your dog registered with your local council?	Yes	No
Council:		
If not, why not?		
Is your dog microchipped?	Yes	No
If not, why not?		
Is your dog desexed?	Yes	No
Will the dog be used for breeding in future?	Yes	No
Details:		
Has your dog been involved in an aggression incident previously (either as the attacker or attacked)?	Yes	No
Details:		

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Canine Medical History		
Is your dog vaccinated?	Yes	No
If yes, which vaccinations are up-to-date?		
If not, why not?		
Is your dog on any medication?	Yes	No
Details:		
Has your dog previously been injured and/or required surgery?	Yes	No
Details:		
Does your dog have any health issues that may affect their ability to work? (e.g. hip dysplasia, heart issues, blindness)	Yes	No
Details:		
Are you willing and able to supply veterinary records upon request?	Yes	No