



# **BRISBANE AREA WICEN GROUP INC.**

## *Application for Participation in an Exercise*

Name of Exercise: \_\_\_\_\_

Surname: \_\_\_\_\_

Preferred Given Name: \_\_\_\_\_

Address: Residential: \_\_\_\_\_

\_\_\_\_\_

Postal: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

Email: (if applicable) \_\_\_\_\_

Signature: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Vehicle Details: Make/Model: \_\_\_\_\_

Registration: \_\_\_\_\_

Mode of Operation: (please circle)

Voice	70 cm	Data	70 cm	Assistant
	2 metre		2 metre	
	HF		HF	

Preferred Location: (please tick) Base  Field  Other

Availability: Days: \_\_\_\_\_ Times: AM PM

Shirt Size: \_\_\_\_\_ (preference will be given to field operators)