



Community Men's Shed

Participation Details

Name.....

Date of Birth.....

Address

.....

Email

Home Phone: Mobile:

Emergency Contact:

Home Phone: Mobile:

Relationship to you

Any medical conditions we should know about? (Optional) Yes/No
If yes:

.....

What experiences do you have working in sheds or workshops (if any)?

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Disclaimer

I participate in the Phillip Island RSL Community Men's Shed with the understanding that the Phillip Island RSL Sub-Branch RSL Inc. will take every effort to maintain a safe environment in the Shed for its members. The sponsoring organization, their representatives and the people appointed as coordinators or supervisors in the Shed do not take responsibility for the personal health or wellbeing of the people participating in the RSL Shed's project. The abovementioned organization and individuals take no responsibility for the loss or damage on any personal items taken to or from the Phillip Island RSL Community Men's Shed.

Signature..... Date.....

Print Name.....



Australian Government
Department of Veterans' Affairs



Department of Planning
and Community Development