



SOUTH AUSTRALIAN REVOLVER AND PISTOL ASSOCIATION

PO BOX 310, Seacliff Park, South Australia 5049

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Affiliated with

International Shooting Sport Federation • Shooting Australia Inc. • Pistol Australia
South Australian Shooting Association • Sport SA • Combined Firearms Council of South Australia Inc.

Firearms and Safety Awareness Training

ADVICE NOTE

ATTENTION: APPLICANTS, INSTRUCTORS AND CLUB SECRETARIES

It is important that you read the flowchart "A Prospective Member indicates they want to join your Club".

For Club Use ①

in the following classes of firearms:

H A B C D
(Tick the selected classes)

Name of the Host Club:

I HEREBY APPLY to undertake the South Australian Revolver and Pistol Association's **Firearms and Safety Awareness Training (FASAT)** course, as approved by the Registrar of Firearms, and pursuant to the Regulations under the *Firearms Act 2015* and its Regulations.

Family Name:..... Given Names:.....

Gender: M F Date of Birth: Junior*: Y / N

of Post Code:
(Full Residential Address)

and Post Code:
(Full Postal Address if different from Residential Address)

Telephone: (Home):..... (Work):..... (Mobile):.....

Email:

I, THE APPLICANT, whose signature appears below, do hereby indemnify the above-named Club, the Firearms and Safety Awareness Training Instructor(s), and the South Australian Revolver and Pistol Association Inc. from, and against, all claims and demands whatsoever in respect to any loss or damage suffered by any person or legal entity as a consequence of the conduct of the Firearms and Safety Awareness Training course, or in the issuing of any instructions, directives or advice by any Firearms and Safety Awareness Training Instructor. The loss or damage referred to shall include, without limiting the foregoing, the loss or damage caused by the negligence or wilful act or default of any person or legal entity, whether or not such loss or damage is reasonably foreseeable or is contemplated by the parties, any Firearms and Safety Awareness Training Instructor or any other person or legal entity.

I HEREBY DECLARE that I have read and understood the terms of this indemnity.

Dated:, 20 Applicant's Signature:.....

* Dated:, 20 Parent/Guardian's Signature:.....
(* If Applicant is under 18 years of age)

If known at the time of applying:

Instructor's Name:..... I.D. No.:..... Instructor's Club:.....

Issue Date for: WWCC:..... and VPRES:.....
WWCC = Working With Children Check VPRES = Vulnerable Person Related Employment Screening

NOTE: The following **two** items **MUST** accompany this **Advice Note**:
▶ A fee of **\$50.00** for an adult, or **\$20.00** for a junior, is required for the **FASAT Pack**. An Invoice will be sent, marked "**PAID**", with the **FASAT Pack**.
▶ A photocopy of the **Letter of Approval** from SAPOL, Adjudication Section, Firearms Branch (Firearms Act 2015 and Regulation 74).

SARPA OFFICE USE ONLY	
SARPA Card No. . .	
Date Entered:	
Invoice No: SEC	
FASAT Pack sent:	

CLUB SECRETARIES SHOULD KEEP A "FILE COPY" OF ALL CORRESPONDENCE