## RAILWAY FIRST AID VOLUNTEERS

### **HISTORY & HERITAGE INFORMATION SHEET**



#### Introduction

The Railway First Aid Volunteers History and Heritage Committee are researching the history and heritage of the Voluntary First Aid Movement and its members, the Railway First Aid Volunteers. Railway First Aid Volunteers was formerly known as Queensland Railway Ambulance Corps and QR First Aid.

We would like you to help us capture our history and heritage by completing the following information sheet.

| Details |  |
|---------|--|
| Name    |  |
| Address |  |
| Phone   |  |
| Email   |  |

# **Personal Information** When & where did you commence with the Voluntary First Aid Movement? 1. Finish/Retire? 2. Which of the following Districts have you been involved with & when? Central Queensland District (CQD) North Coast District (NCD) North Queensland District (NQD) South Eastern District (SED) South Western District (SWD) **Training and Classes** 3. When & where did you attend your first voluntary first aid class? Who was the class instructor/trainer? 4. ..... When you completed the class did you receive any certificates or medals? 5. If yes, are you able to provide any details? Yes/No?

| <br>  |  |
|---|--|
| Did you participate in the Thallon medal test? Yes/No? es, are you able to provide any details? |  |
|   |  |

# **Competitions/Challenge Events**

| 7. Did you participate competitions/challenges?   | e in any<br>Yes/No? | of     | the   | following   | voluntary | first        | aid |
|---|---------------------|--------|-------|-------------|-----------|--------------|-----|
| Local e.g. Ipswich/Redbank<br>District e.g. SED<br>State<br>Interstate<br>Inter-business<br>Other e.g. St. John   |                     |        |       |             |           |              |     |
| 8. In what capacity did yo  | ou participate      | €?     |       |             |           |              |     |
| Individual competitor<br>Team captain<br>Team member<br>Adjudicator<br>Official<br>Competition Manager<br>Seminar Presenter   |                     |        |       |             |           |              |     |
| 9. What events did you pa   | articipate in?      | ?      |       |             |           |              |     |
| Individual - Novice Individual - Junior Individual - Senior Two Person CPR Two Person Team Supplied Material Improvised Material Treat & Recovery Oral Response Bandaging Other  If yes, are you able to providearly competitions | e any more          | detail | s? We | are particu | ·         | <br><br><br> | the |
|   |                     |        |       |             |           |              |     |

# First Aid Duties 10. Were you involved in providing first aid duties on behalf of the Railway First Aid Volunteers? Yes/No? Floor first aider First aid room Breakdown team

| Floor first aider<br>First aid room<br>Breakdown team<br>Company event<br>Community event |  |        |
|---|--|--------|
| If yes, are you able to provid  | de any more details?                         |        |
|   |  |        |
| Committee   |  |        |
| 11. Were you involved in a  | a voluntary first aid movement committee? Ye | es/No? |
| District<br>Sub-committee<br>State<br>History & Heritage<br>Special<br>Other              |  |        |
| If yes, what was your role?   |  |        |
| Are you able to provide any   | more details?                                |        |
|   |  |        |
|   |  |        |

# Official Positions 12. Did you hold an official position? Yes/No?

| •  | •   |  |  |  |
|--|---|--|--|--|
| Instructor/Trainer Adviser/Officer Ambulance Attendant Ambulance Officer District Delegate Supervisor Manager Secretary Chairman Deputy Chairman | vide any more details?  |  |  |  |
|  |   |  |  |  |
| On-Rail QATB Ambuland  |   |  |  |  |
| 13. Did you any involvement with on-rail QATB Ambulances? Yes/No?  If yes, are you able to provide any more details?                             |   |  |  |  |
|  |   |  |  |  |
| If yes, are you able to proving the start of on rail QATB am   | where on-rail QATB Ambulances were located?<br>wide any more details? We are particularly interenbulance vehicles |  |  |  |
|  |   |  |  |  |

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|---------------|---|
| 15.           | Why did you get involved in First Aid?  |
|               |   |
|               |   |
| 16.           | Why did you continue?   |
|               |   |
|               |   |
| 17.           | Tell us about the people who guided and impressed you over the years  |
|               |   |
|               |   |
| 18.           | What were some of the important influences in the voluntary first aid movement during your time e.g. organisational change etc? |
|               |   |
|               |   |
|               |   |
| 19.<br>involv | What were the biggest changes you noticed over the time that you have been ved e.g. equipment, treatments etc?                  |
|               |   |
|               |   |

General

| 20. What was some of the important First Aid work that you did within the voluntary first Aid movement?  |  |  |
|--|--|--|
|  |  |  |
| 21. Do you think your contribution to the voluntary first aid movement was worthwhile? Yes/No? If yes, why?  |  |  |
|  |  |  |
| 22. What were some of the highlights of being involved in First Aid for you?   |  |  |
|  |  |  |
| 23. Did being involved in the voluntary first aid movement influence your life outsid of Queensland Rail / QR National? e.g. did you do voluntary work outside of work, di you do work for other agencies? |  |  |
|  |  |  |
|  |  |  |
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| 24. Do you have any first aid items important to preserve? Yes/No? If | s, materials or memorabilia which would be yes, what do you have?  |
|---|--|
|   |  |
|   |  |
| , ,   | of these in you will so you family knows how I what you would like them to do with them?                                   |
| 25. Do you have any funny stories aid movement? Yes/No? If yes, p     | to tell about being involved in the voluntary first<br>please do tell  |
|   |  |
|   |  |
|   |  |
|   |  |
| 26. Is there any thing else you wou                                   | uld like us to know  |
|   |  |
|   |  |
|   |  |
|   |  |
| Signature   | Please return completed information sheets to:<br>First Aid Services<br>Queensland Rail<br>GPO Box 1429, Brisbane Qld 4001 |
| Date  | Email: firstaidservices@qr.com.au  First Aid Services QR National  |

**GPO Box 456, Brisbane Qld 4001** 

Email: firstaidservices@grnational.com.au