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| ABN: 77 829 511 359 Reg. Number: A0021423S  www.retiredambulancevictoria.org.au  red bar_base | **Secretary:**  Ian Cameron  68 Dyer Street  Rupanyup Victoria 3388  Mobile: 0435 010 943  Email: [raav.secretary@gmail.com](mailto:raav.secretary@gmail.com) |

13 July 2023

**FUNERAL PARTICIPATION OFFER**

Following discussions with Ambulance Victoria, your Association has established a Funeral Service Participation plan.

The Association offers an Ambulance Service History of your service career as well as a number of additions to highlight your involvement with Ambulance.

Our thoughts are that the event itself can be made easier for your next of kin, if they are aware of your wishes, when funeral service plans are being made.

In order for us to make preparations, we would like to ascertain your wishes in relation to the list on the attached form. We would also like to gather some information on your career to assist our endeavour to honour your Service History.

Please return this completed form to our Secretary who will retain the form until necessary. If you would like to change any of the details at any time, please contact our Secretary.

Ian Donaldson

President



**Secretary:**

Ian Cameron

68 Dyer Street

Rupanyup Victoria 3388

Mobile: 0435 010 943

Email: [raav.secretary@gmail.com](mailto:raav.secretary@gmail.com)

Retired Ambulance Association

of Victoria Incorporated

ABN: 77 829 511 359

Registered Number: A0021423S

RAAV Funeral Participation Details

Our endeavour is to include details of your Service History so that it may be more comprehensive and meaningful to compile an Ambulance Service Tribute.

Topics could include:

* Why did you join the Ambulance Service
* When did you commence and where
* What was the crewing arrangement when you started (single person, multi person station, etc.)
* Do you remember the starting salary
* Where did you work - Service/Branches
* Which positions and portfolios did you hold
* Highlights you may recall of historical note
* A situation of particular challenge
* You may remember a relevant light hearted situation
* Any other relevant matters related to your career
* You may like to mention the role your Partner and your family played on your career.

The gathering of this information is a request only and purely voluntary which can be altered at any time by contacting our Secretary.

Should you wish to elaborate on your original Funeral Participation details or even write your own Ambulance Service Tribute you may do so by using the attached document.

You and your Family may wish to nominate a particular person to read your Ambulance Service Tribute. This person may be your Clergy, Ambulance Victoria Chaplin, Retired Paramedic, Family Member or any other person of your choice.

All information contained in the attached document/s will be treated as confidential, as per our Privacy Policy, until the appropriate time.

All correspondence should be directed to our Secretary.

Yours Sincerely,

Ian Donaldson

President

**RAAV FUNERAL PARTICIPATION DETAILS**

|  |  |
| --- | --- |
| First Name : |  |
| Last Name : |  |
| Date of Birth : |  |
| Address 1 : |  |
| Address 2 : |  |
| City, Suburb, Town : |  |
| Postcode : |  |
| Home Phone : |  |
| Mobile Phone : |  |
| Email Address : |  |
| Name of Wife, Husband or Partner: |  |

Do you wish to have an ambulance component at your funeral? Yes ( ) No (....) tick box

If yes, please complete the following:

List Ambulance Service/s and Branches with dates if possible:

|  |  |  |  |
| --- | --- | --- | --- |
| Service/Branch | Commenced | Finished | Notes or Last Position Held |
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**Do you wish to have:**

Service flag on your coffin Yes ( ) No ( )

Ambulance Officers cap Yes ( ) No ( )

Ambulance Awards Yes ( ) No ( )

National Medal Yes ( ) No ( )

Historic Ambulance or Ambulance Victoria Vehicle

(Availability permitting) Yes ( ) No ( )

Piper from Service Pipes & Drums Yes ( ) No ( )

Drummer from Service Pipes & Drums Yes ( ) No ( )

Ambulance Service Tribute Yes ( ) No ( )

Guard of Honour Yes ( ) No ( )

Ambulance Prayer and/or ODE Yes ( ) No ( )

Please list any other comments you may wish to include:-

**PTO:**

**RAAV FUNERAL PARTICIPATION DETAILS**

Additional Information and/or your own Ambulance Service Tribute as per suggestions on the second page of our Associations’ Offer: (If insufficient space additional page/s may be added)

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| Signed: Date: |

Please return to our Secretary: Retired Ambulance Association of Victoria Inc. 68 Dyer Street Rupanyup Vic 3388

RAAV FPP V6.7.0.1 7/23