

1. PERSONAL DETAILS:

Surname: _____ First & Second Names: _____ D o B: _____
 Service No: _____ Rank: _____ Gender: _____ Unit: _____
 NZCF Service: _____ Years _____ Months Date of Enrolment: _____
 Street Address: _____
 Suburb: _____ City: _____ Post Code: _____
 Phone No's: Home: _____ Work: _____ Mobile: _____
 Email: _____ Age at Start of Course: _____ Years _____ Months

2. COURSE DETAILS & TRAVEL:

Nominated as: Offr Staff: _____ CDT Staff: _____ Student: _____ Course/Activity: _____
 Dates: _____ Location: _____ Nominated previously: _____
 If Yes, how many times? _____ Date(s) of previous nominations: _____
If selected, I request transport – From (town / city): _____ Return to (town / city): _____
 If nominated for other courses over the same period, list them: _____
 Course preference if accepted for multiple courses: _____

3. NEXT OF KIN:

Surname: _____ First Names: _____ Relationship: _____
 Contact address for Next of Kin (for duration of course): _____
 Phone No's: Home: _____ Work: _____ Mobile: _____

4. ALTERNATE POINT OF CONTACT: (Different Household from the Next of Kin)

Surname: _____ First Names: _____ Relationship: _____
 Point of contact address for duration of course: _____
 Phone No's: Home: _____ Work: _____ Mobile: _____

5. PREVIOUS NZCF COURSES ATTENDED AS A STUDENT OR STAFF MEMBER: (e.g. JNCO/Bushcraft/Commissioning/IT&TM)

Course(s) Attended:	Position:	Date: (mm/yy)	Course(s) Attended:	Position:	Date: (mm/yy)

6. CADET UNIT COMMANDERS DECLARATION:

I, (full name) _____, certify that to the best of my knowledge, the information contained in this application is true and accurate. I also certify that to the best of my knowledge the applicant meets **ALL** eligibility criteria for this activity, if they **do not**, a letter requesting dispensation is attached. I acknowledge that late, incomplete or ineligible nominations may result in the non-acceptance of this application. The cadet unit order of priority for this application, against any other personnel nominated for this course from my cadet unit is: _____

Date: _____ Signature: _____

7. MEDICAL HISTORY, DIETARY REQUIREMENTS AND LEARNING ABILITY:

A. Medical Information:

I, (full name) _____, hereby submit the following medical information:

Name of family doctor, (or the doctor to be contacted in the event of a problem): _____

Doctor's phone No: _____ After hours: _____

Surgery address: _____

- Do you currently have any **disease / sickness / injury / allergies / disorder?** Yes No
- Are you recovering from any **disease / sickness / injury / allergies / disorder?** Yes No
- Are you currently receiving any medical treatment? Yes No
- Are you taking any medication? Yes No
- Have you had a reaction to any medical drugs used? Yes No

If the answer to any of the above questions is **YES**, or if there is any other medical information that may be relevant, please provide details.

• Type and severity of injury / sickness / disease / operation / allergies / illness / disorder: _____

• Restriction on activities: _____

• Medication required (type, amount and frequency): _____

• Medical drugs reacted to: _____

B. Dietary Requirements: Please state any special dietary requirements (state exact requirements, attach to form if required):

C. Learning: Do you have a learning disability? Yes No Is a reader/writer required for examinations? Yes No

Applicants Signature: _____ Date: _____

8. PARENT / GUARDIAN DECLARATION FOR CADET UNDER 18 YEARS OF AGE:

I _____ declare that the medical information provided above, to the best of my knowledge, is accurate and true and consent to my son / daughter / ward, participating in the course detailed above, which may include any of the following activities:

- | | | |
|--|--|--------------------------------------|
| <i>Flying in military aircraft</i> | <i>Sailing / waterborne activities</i> | <i>Rifle safety / rifle shooting</i> |
| <i>Civil flying / glider flying</i> | <i>Travel in military vehicles</i> | <i>Bushcraft</i> |
| <i>Sailing in naval / merchant ships</i> | <i>Team sports / Physical training</i> | <i>Drill</i> |

I consent to my son / daughter / ward being treated by NZDF Medical Staff if required and accept responsibility to pay doctors fees or prescription charges, should this be necessary. I also consent to NZDF Medics providing initial assessment during authorised activities and on consultation with registered NZDF Medical Staff, commence appropriate treatment as necessary.

Date: _____ Signature: _____

9. DECLARATION BY OFFICER OR CADET 18 YEARS OF AGE OR OVER:

I, (full name) _____ declare that the medical information provided above, to the best of my knowledge, is accurate and true.

Date: _____ Signature: _____