

CADET ENROLMENT FORM

PART 1 (To be completed by the applicant in block letters).

I
(First Names) (Surname)

of..... City:
(Full Residential Address)

Post Code:Phone: Email Address:

Full Postal Address if different:

wish to make application to join the Corps of the
New Zealand Cadet Forces.

PART 2 (To be completed by the applicant in BLOCK LETTERS).

1. Date of Birth :

2. Gender:

3. Who is your Next of Kin? Full Name:
(State relationship eg. Father, Mother or Relationship:
Guardian)

4. What is your Next of Kin's Address?

City: Post Code:

Home: Cell:

Work: Email:

5. What is the name of your school?

6. What year are you in at school?

7. Are you currently, or have you been, a member of another
Cadet Unit? **YES / NO** (Delete as applicable)

Unit Name:

Dates: Rank attained:

8. If you have a National Student Number (NSN) enter it here:

9. Do you have any specific religious or cultural requirements? Specify.
.....
.....
.....

10. My family doctor is :

11. The name of my Doctors Surgery is:

12. My doctor's address is :

Phone: Cell:

Email Address :

PART 3 (To be completed by Parent Or Guardian)

13. Does your son / daughter / ward suffer from any physical disability or medical condition such as asthma, dyslexia, asperges, ADHD, or allergies ? If so give brief details:

.....

.....

14. I hereby certify that to the best of my knowledge the statements made on this application form by my son / daughter / ward are true and correct and that he / she has my full consent to join a cadet unit of the New Zealand Cadet Forces and take part in approved recognised activities undertaken by the cadet unit except for those detailed in my sons / daughters / wards record of service booklet.

15. I consent to my son / daughter / ward being subject to the New Zealand Cadet Forces Code of Conduct and any penalties, sanctions, or restrictions imposed under its provisions. I also understand that where serious disciplinary matters are concerned the Cadet Unit Commander will discuss the matters with me.

16. I accept that there will be an obligation on my son / daughter / ward to observe and obey the rules, customs, and requirements of the cadet unit and New Zealand Cadet Forces.

17. I consent to my address and contact details being made available to the Unit Support Committee.

18. I consent to images of my son /daughter/ward being used on NZCF and NZDF Social Media / Websites and publications.

19. I have attached (or emailed to the unit) a colour copy of the photo page of my sons /daughters/wards passport/student ID

20. I accept full responsibility for any uniform and other Defence equipment issued on loan to my son / daughter / ward, and undertake to ensure that it is returned in good order (fair wear and tear accepted) or make good any deficiencies immediately he / she ceases to be a member of the New Zealand Cadet Forces.

.....
(Signature of Parent or Guardian)

.....
(Full Name of Parent / Guardian)

.....
(Date)

PERSONAL INFORMATION STATEMENT

The information given in this application form will be retained and used by the cadet unit for the purposes of personnel management. The information will remain the property of the cadet unit for as long as you remain a member of the New Zealand Cadet Forces.

The information will be held securely and access to the information will be restricted to the staff of the cadet unit and the Regular Force members of the New Zealand Cadet Forces.

You may request access to, and the correction of, any information that is held by the cadet unit about you at any time.