

**NEW ZEALAND CADET FORCES
COURSE NOMINATION AND MEDICAL HISTORY**

1. PERSONAL DETAILS:

Surname: _____ First Names: _____ Date of Birth: _____
Rank: _____ Gender: _____ NZCF Unit: _____
NZCF Service: _____ Years. _____ Months. Date of Enrolment: _____ IRD # (Staff) _____
Street Address: _____ Suburb: _____
City: _____ Postcode: _____
Telephone No Home: _____ Work: _____ Mobile: _____ Email: _____
Age at Start of Course: _____ Years. _____ Months.

2. NEXT OF KIN:

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

3. ALTERNATE POINT OF CONTACT: (Must differ from the Next of Kin)

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

4. COURSE DETAILS:

Nominated As Staff: Student:

Course: _____ Course Dates: _____ Location: _____
If nominated for other courses over the same period, list them: _____
Course preference if accepted for multiple courses: _____

5. PREVIOUS NZCF COURSES ATTENDED AS A STUDENT: (eg Junior Leader / Outdoor Leader / Commissioning / IT&M)

Course	Date Completed	Course	Date Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. CADET UNIT COMMANDER'S DECLARATION:

I _____ certify that to the best of my knowledge, the information contained in this application is true. I understand that late and / or incomplete data may result in the non-acceptance of this application.

What priority does this application have in consideration with other personnel nominated from your Cadet Unit for this course?

Date: _____ Signature: _____

7. MEDICAL HISTORY, DIETARY REQUIREMENTS AND LEARNING ABILITY:

A. MEDICAL

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

Doctor's Telephone No : _____ Doctor's after hours Contact: _____

Doctor's Surgery Address: _____

Do you currently have any **disease / sickness / injury / allergies / illness / disorder?** Yes No

Are you recovering from any **disease / sickness / injury / operation / illness / 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!

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

2. Restriction on activities: _____

3. Medication required (type, amount and frequency): _____

4. Medical drugs reacted to: _____

B. DIETARY

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 examination? Yes No

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

I _____ hereby consent to my son / daughter / ward, participating in the course detailed above, which may include any of the following activities:

Flying in military aircraft

Civil flying / Glider flying

Sailing in naval / merchant ships

Sailing / waterborne activities

Travel in military vehicles

Team sports / Physical training

Rifle safety / rifle shooting

Bushcraft

Drill

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: _____