

MEDICAL – IN – CONFIDENCE

1. PERSONAL DETAILS: *(Please print clearly if completing the form by hand)*

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: _____

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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 or are 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 to be stored? Yes No. **NOTE:** If a cadet fails or refuses to take a prescribed medicine then in accordance with the NZCF Medicines Policy that cadet may be removed from the course/activity.

• Medical drugs allergic to: _____

• When was your last **Tetanus** inoculation? _____ or **Tetanus** booster inoculation? _____

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

If you replied yes to either of the above questions please outline the issue and any special requirements to be considered below.

D. Drivers Licences: Do you hold a Class 1 driver's licence? Yes No Do you hold a NZDF DDP? Yes No

Have you completed the NZDF Driver Fatigue course? 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 Medical Professionals if required and accept responsibility to pay medical fees should this be necessary. I also consent to NZDF Medics providing initial assessment during authorised activities, and in consultation with registered NZDF Medical Staff undertaking appropriate treatment.

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: _____