

CADET ENROLMENT FORM

FOR

Full Name: _____

Intentionally Blank

STAFF-IN-CONFIDENCE

Please complete ALL information on this form. The information captured in this form will be entered
into a secure on-line national database solely for the New Zealand Cadet Forces and will be
accessible by your son/daughter/ward to log into and view. Not completing a required field may
result in them not being able to attend activities, camps and courses. Mandatory fields are
highlighted.

If you have any questions regarding this form, please contact the Unit Adjutant.

Enrolment Date:	/	/ 20						
	(Staff to co	mplete)						
Unit Name:								
	(Staff to co	mplete)						_
Part 1 – Cadet Inf	formation	(To be compl	eted by the	applicant i	n BLOCK	LETTERS	3)	
		(,				- /	
NAME:								
First Name:								
Middle Name/	/s:							
Family Name:								
PHYSICAL ADD	RESS							
Street # and N	Name:							
Suburb or Tov	wn:							
Town or City:								
Post Code:								
PHONE & EMAI	<u>L</u>							
Primary Phone	e:							
Secondary Ph	ione:							
Work Phone:					Extens	ion:		
Email								
		parent's/guardia	an's as that is	a breach if th	he Privacy /	Act 1993. Th	ess. It can't be a ney require the emain receive notifications.	
Date of Birth:								
Gender:								

Part 2 – Next of Kin Information (To be completed by the applicant in BLOCK LETTERS)

<u>NE</u>	KT OF KIN NAME:
F	Relationship:
F	Family Name:
F	First Name:
Ν	/liddle Name/s:
PH	YSICAL ADDRESS
	Street # and Name:
Ľ	Suburb or Town:
٦	Fown or City:
F	Post Code:
<u>PH</u>	ONE & EMAIL
F	Primary Phone:
S	Secondary Phone:
	Nork Phone:
E	Email

(**NOTE** – Required so the Primary Next of Kin can be contacted for approval for the applicant to attend camps and courses they apply for and to receive notifications.)

ALTERNATIVE POINT OF CONTACT – See note below

NAME:
Relationship:
Family Name:
First Name:
Middle Name/s:
PHYSICAL ADDRESS
Street # and Name:
Suburb or Town:
Town or City:
Post Code:
PHONE & EMAIL
Primary Phone:
Secondary Phone:
Work Phone:
Email

Note – The alternative point of contact must be from a different household to the Next of Kin on the previous page.

Part 3 – School and Other Information (To be completed by the applicant in BLOCK LETTER

School:			
Year / Level:			
National Student Number (NSN):			
	if they are home schoo son's/daughter's/ward'	as an NSN regardless of the No bled. If you are not sure what it s school and they can advise w ase contact the Ministry of Edu	hat it is. In the case of home
Are you Transferring from another Cadet Unit?	Yes / No (If Yes, plea Unit: From Date:	ase state the Cadet Unit you an To Date:	e transferring from.) Rank Attained:
Do you have any Specific religious/cultural requirements?	Yes / No (If Yes, plea	ase state the specific religious/c	ultural requirements.)
Do you have a learning disability?	Yes / No (If Yes, plea	ase state the specific learning d	isability.)
Do you require a reader/writer for examinations?	Yes / No (If Yes, plea	ase state what your reader/write	er requirements are.)
from another Cadet Unit? Do you have any Specific religious/cultural requirements? Do you have a learning disability? Do you require a reader/writer for	if they are home schoo son's/daughter's/ward' schooled students, ple Yes / No (If Yes, plea Unit: From Date: Yes / No (If Yes, plea Yes / No (If Yes, plea	bled. If you are not sure what it is school and they can advise w ase contact the Ministry of Edu ase state the Cadet Unit you are To Date: ase state the specific religious/o	is, please contact your that it is. In the case of home cation.) e transferring from.) Rank Attained: cultural requirements.)

Part 4 – Medical Information (To be completed by the applicant in BLOCK LETTERS)

Family Doctor:	
Surgery Name:	
PHYSICAL ADDRESS	
Street # and Name:	
Suburb or Town:	
Town or City:	
Post Code:	
PHONE & EMAIL	
Dr's Primary Phone:	
Dr's After Hours Phone:	
Doctor's Email	

MEDICAL HISTORY AND DIETARY REQUIREMENTS

Do you currently have any long term disease / sickness / injury / allergies / disorder?	Yes / No (If Yes, please provide details.)
Are you currently recovering from a long term disease / sickness / injury / allergies / disorder?	Yes / No (If Yes, please provide details.)
Are you currently receiving medical treatment?	Yes / No (If Yes, please provide details.)
Do you have any restrictions on activities that you can participate in?	Yes / No (If Yes, please provide details.)
Are you currently taking any medication?	Yes / No (If Yes, please provide details.)
Have you previously had an adverse reaction to medical drugs?	Yes / No (If Yes, please provide details.)
Tetanus Inoculation Date: or	
Tetanus Booster Date:	
Do you have any special dietary requirements?	Yes / No (If Yes, please provide details.)

New Zealand Cadet Forces' Privacy Policy

The New Zealand Cadet Forces' Privacy Policy can be viewed here: <u>https://www.cadetnet.org.nz/privacy-policy-for-cadetnet/</u> If you do not have access then a copy is available from your Unit.

Part 5 – Parent/Guardian Authorisation (To be completed by the parent/guardian in BLOCK LETTERS)

1. 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 **son's** / **daughter's** / **ward's** record of service booklet.

2. 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.

3. 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.

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

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

6. I have attached (or emailed to the unit) a colour copy of the photo page of my **son's** / **daughter's** / **ward's** passport/student ID.

7. 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)

Intentionally Blank



NEW ZEALAND CADET FORCES

Sea Cadet Corps - New Zealand Cadet Corps - Air Training Corps

TERMS AND CONDITIONS OF MEMBERSHIP FOR CADETS OF THE NEW ZEALAND CADET FORCES (NZCF) (TO BE PROVIDED WITH FORM NZCF 2)

1. The full consent of Parents or Guardians is required before young people can be enrolled in a Cadet Forces unit. This consent does not in any way imply consent or any obligation to join any arm of the Armed Forces (Navy, Army or Air Force). The Units are community supported and funded youth organisations with direction and additional support from the New Zealand Defence Force (NZDF).

- 2. The functions of the Cadet Forces are:
 - a. The conduct of training courses or training programmes similar to those undertaken by the Armed Forces.
 - b. The promotion of an appreciation among members of the Cadet Forces of the functions and operations of the Armed Forces.
 - c. The development of good citizenship among members of the Cadet Forces.
- 3. In order to fulfil these functions, the aims of NZCF training are:
 - a. To provide a challenging and disciplined activity which will be useful both in the Services and in civilian life.
 - b. To promote an awareness and appreciation of the Services, and the role they play in the community.
 - c. To foster the spirit of adventure and team-work.
 - d. To develop those qualities of mind and body which make good citizens and leaders.
- 4. Applicants must meet the following criteria:
 - a. Not less than 13 years of age or in Year 9 at Secondary school;
 - b. Not more than 15 years of age; and be physically and mentally capable of participating in the majority of approved cadet activities. In all cases the NZCF Diversity and Inclusion policy principles apply.
- 5. Personnel may:
 - a. Serve until his/her 20th birthday.

6. Candidates will attend a probationary period of at least four consecutive weekly parades, after which they will be assessed for continued service as a cadet by the unit commander (Or designated officer).

7. After a probationary period and acceptance, cadets will be enrolled into the unit and issued with a uniform of the appropriate corps from unit stocks. The Parents or Guardians will be held responsible for the upkeep and return of this uniform. The uniform and/or any equipment on the cadet's charge is to be returned, uniform dry cleaned, before the cadet release is finalised.

8. A 'Record of Service' booklet will be issued for signature by the Parent or Guardian. The signature provides permission for the cadet to be involved in Cadet Force's activities, which may include attendance on courses and camps, weapon training and travel in military aircraft and ships. The signed approval must be given before the cadet will be considered for any of these activities. There is provision to cross out any general activity listed to which the Parent or Guardian objects. For adventurous activities the Parent or Guardian's authority specific to the activity may be required separately. The cadet must carry his/her 'Record of Service' booklet when taking part in cadet activities.

9. Orders and instructions will be issued from time to time and cadets will be made familiar with relevant service customs and procedures. Cadets, whilst in uniform or on duty, must abide by the rules, regulations, orders and the Code of Conduct governing the New Zealand Cadet Forces.

10. No payment is made to cadets for any unit activities. Payments may be authorised for cadets who assist during NZDF activities/courses authorised in the NZDF Annual Training Plan.

11. A cadet may resign from the unit at any time by informing the unit commander (Stating his/her reasons) who will ensure the Parent or Guardian is informed. The unit commander may reprimand, reduce in rank or dismiss a cadet for proven misconduct after following the correct procedure for investigation. Additionally, a cadet may be dismissed if they miss four consecutive parades without a satisfactory reason or acceptable prior clearance subject to the correct procedure for investigation being followed.

12. The continued existence of the New Zealand Cadet Forces is dependent on the support of the Sea Cadet Corps (SCC), Cadet Corps (NZCC) and Air Training Corps (ATC) Associations. Local unit support committees are branches of these organisations and Parents or guardians are encouraged to join their local unit support committee so that the Associations can continue to support NZCF. If no local unit support committee exists in a particular town, then the NZCF unit cannot exist. Your support is vital.