

**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: \_\_\_\_\_