



New Zealand  
**CADET  
FORCES**  
Te Taua Tauira o Aotearoa

# **CADET ENROLMENT FORM**

  

## **FOR**

Full Name: \_\_\_\_\_

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**STAFF-IN-CONFIDENCE**

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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 complete)

**Unit Name:** \_\_\_\_\_  
(Staff to complete)

**Part 1 – Cadet Information (To be completed by the applicant in BLOCK LETTERS)**

**NAME:**

First Name: \_\_\_\_\_

Middle Name/s: \_\_\_\_\_

Family Name: \_\_\_\_\_

**PHYSICAL ADDRESS**

Street # and Name: \_\_\_\_\_

Suburb or Town: \_\_\_\_\_

Town or City: \_\_\_\_\_

Post Code: \_\_\_\_\_

**PHONE & EMAIL**

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Email: \_\_\_\_\_

**(NOTE – Must be the applicant's own personal unique email address. It can't be a parent's/guardian's as that is a breach of the Privacy Act 1993. They require the email address for login purposes, camp and course applications and to receive notifications.)**

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

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

**NEXT OF KIN 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:

Extension:

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: \_\_\_\_\_ Extension: \_\_\_\_\_  
Email: \_\_\_\_\_

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

**STAFF-IN-CONFIDENCE**

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

School:

.....

Year / Level:

.....

National Student  
Number (NSN):

.....

**(NOTE – Every child has an NSN regardless of the New Zealand school they attend or if they are home schooled. If you are not sure what it is, please contact your son’s/daughter’s/ward’s school and they can advise what it is. In the case of home schooled students, please contact the Ministry of Education.)**

Are you Transferring  
from another Cadet  
Unit?

Yes / No (If Yes, please state the Cadet Unit you are transferring from.)

Unit:

From Date:

To Date:

Rank Attained:

.....

Do you have any  
Specific  
religious/cultural  
requirements?

Yes / No (If Yes, please state the specific religious/cultural requirements.)

.....

Do you have a  
learning disability?

Yes / No (If Yes, please state the specific learning disability.)

.....

Do you require a  
reader/writer for  
examinations?

Yes / No (If Yes, please state what your reader/writer requirements are.)

.....

**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:

<https://www.cadetnet.org.nz/privacy-policy-for-cadetnet/>

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)

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