



The Sea Cadets

Cadet application to join the Sea Cadet Corps

Use only block capitals. If more room is required, use a separate piece of A4 white paper.

In Confidence when completed.

Unit Name (not TS name): District: Area:

1. Applicant Details

First Name: Initials: Surname:

Date of Birth: Gender: Male Female

Religion: Ethnicity:

Address:

Town: County: Postcode:

Daytime Phone Number: Mobile Number: Evening Contact Number:

Email: All communications to Cadets will be official business only

2. Parental Consents

The Sea Cadets, as an organisation, frequently takes photographs / videos of Cadets participating in Cadet related activities. These images may appear in newsletters, press, publications, promotional videos and Cadet web sites in order to promote the Sea Cadets. Cadets, whose images appear in promotional material, will not be identified. I consent to the above named applicant's images being used to promote the Sea Cadets: Yes No

Signature of Parent/Guardian/Responsible Adult Print Name: Date:

3. Next of Kin Details

First Name: Initials: Surname:

Relationship to Applicant: Same as Cadet address? Yes No If no, please complete address below

Address:

Town: County: Postcode:

Daytime Phone Number: Mobile Number: Evening Contact Number:

This area is for the recording of the applicant's **PRIMARY** next of kin, who may not necessarily be the birth parent. This is the person whom is considered to have day-to-day responsibility for the care and welfare of the applicant. If the applicant has an alternative or secondary responsible adult who shares the responsibility for the care and welfare of the applicant, please record their details, in this format, on a separate sheet of paper.

4. School & Miscellaneous Details

School Name: Headteacher:

Primary School: Secondary/High School: Independent School: FE College: Special School:

Please tick appropriate box

Address:

Town: County: Postcode:

Email: School Phone Number:

Dietary Requirements: If the applicant has an allergy, intolerance or Religious requirement which will exclude certain food groups from their diet, please tick from the following list:

Dairy Allergy <input type="checkbox"/>	Fish/Seafood Allergy <input type="checkbox"/>	Gluten Free <input type="checkbox"/>	Halal <input type="checkbox"/>	Other <input type="text"/>
Kosher <input type="checkbox"/>	No Beef Products <input type="checkbox"/>	No Egg Products <input type="checkbox"/>	No Pork Products <input type="checkbox"/>	
Nut Allergy <input type="checkbox"/>	Vegan <input type="checkbox"/>	Vegetarian <input type="checkbox"/>	Wheat Allergy <input type="checkbox"/>	

How did you hear about the Sea Cadets?

5. Health Information Statement

Are you aware of any medical condition that may influence the applicant's ability to safely take part in strenuous physical activities? Yes No

Is the applicant currently attending a Doctor or Hospital? Yes No

Is the applicant currently taking any medication? Yes No

Has the applicant any known allergies (other than those listed in Section 4?) Yes No

Does the applicant have any dietary restrictions (other than those listed in Section 4?) Yes No

If you answered 'yes' to any of the above questions, please provide further details on a separate sheet of paper.

6. Medical Details

Doctor Name: Surgery:

Address:

Town: County: Postcode:

Email: Doctor Phone Number:

Consent to contact Doctor? Yes No

Disability Questionnaire: If the applicant is considered to have a disability, ailment or other physical issue which may affect their ability to participate in activities, please tick from the following list:

Inability to Move Objects <input type="checkbox"/>	Incontinence <input type="checkbox"/>	Hearing <input type="checkbox"/>	Memory <input type="checkbox"/>
Personal Risk Danger <input type="checkbox"/>	Speech <input type="checkbox"/>	Asthma <input type="checkbox"/>	Heart Disease <input type="checkbox"/>
Hay Fever <input type="checkbox"/>	Migraine <input type="checkbox"/>	Back Injury <input type="checkbox"/>	Learning Difficulties <input type="checkbox"/>
Concentration Problems <input type="checkbox"/>	Eyesight <input type="checkbox"/>	Manual Dexterity <input type="checkbox"/>	Mobility <input type="checkbox"/>
Physical Coordination <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Rheumatic Fever <input type="checkbox"/>
Fractures <input type="checkbox"/>	Head Injury <input type="checkbox"/>	Allergic Reaction <input type="checkbox"/>	

Additional Information: (If necessary, continue on a separate sheet of paper)

In Confidence when completed

7. Acknowledgement of Entry into the Sea Cadets

Parent/Guardian/Responsible Adult's Signature

I accept that the Ministry of Defence cannot be held responsible for any loss or damage to items owned by Cadets or their families.

I accept that I am responsible for the replacement costs of any items of equipment and clothing loaned to the applicant which are lost or damaged.

I agree to the conditions of entry into the Sea Cadets of my son/daughter/ward and that they may attend the Unit on parade nights and other occasions as described in the Unit Standing Orders; and agree to the boundaries of the Sea Cadet Code of Conduct. I have completed Section 2 of this Form – Parental Consents and Disclaimers. I consent to my son/daughters personal information being transferred to the Westminster management database. **Personal data recorded in Westminster will not be passed to any third party unless the MSSC is legally required to do so.**

Is your son/daughter/ward subject to any particular care arrangements or Court Order? **Yes** **No**

If the answer is Yes please give details separately - You may enclose such details in a sealed envelope addressed for the Commanding Officer's attention and attach the envelope securely to this form if you wish.

Signature of Parent/Guardian/Responsible Adult: Print Name: Date:

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Cadet's Signature

I understand and accept the conditions of entry into the Sea Cadets and agree to be bound by the Sea Cadet Code of Conduct, and any other officially sanctioned Regulations in force, introduced or amended. I consent to my personal information being transferred to the Westminster management database.

Signature of Cadet: Print Name: Date:

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Commanding Officer's Signature

Conditions of entry into the Sea Cadets, the Parade Nights and other occasions for attendance at the Unit in accordance with Unit Standing Orders has been explained to the Cadet's Parent/Guardian. Therefore, on behalf of the Sea Cadets, responsibility is accepted for the Cadet on those occasions of attendance mentioned above.

Signature of Commanding Officer: Print Name: Date:

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Date Taken on Strength:

Westminster PIN:

Aide-Memoire to Commanding Officers: Junior Sea Cadet (JSC) Minimum Age 10 - Sea Cadet New Entry (SCNE) Minimum Age 12 - Marine Cadet Recruit (MCR) Minimum Age 13

8. Discharge of Cadet (Struck off Strength)

See also form ST17 for return of uniform and temporary loan book for return of any loaned items

Discharge Date (SOS): Final Rank/Rating:

Reason for Discharge:

Commanding Officer's Signature: Date:

9. Reinstatement of Cadet (if applicable)

Reinstatement Date: Rank/Rating:

Reason for Reinstatement:

Commanding Officer's Signature: Date:

In Confidence when completed