



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

# **CADET ENROLMENT FORM**

## **FOR**

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

## **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.

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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.

**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.)

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Are you currently recovering from a long term disease / sickness / injury / allergies / disorder?

Yes / No (If Yes, please provide details.)

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Are you currently receiving medical treatment?

Yes / No (If Yes, please provide details.)

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Do you have any restrictions on activities that you can participate in?

Yes / No (If Yes, please provide details.)

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Are you currently taking any medication?

Yes / No (If Yes, please provide details.)

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Have you previously had an adverse reaction to medical drugs?

Yes / No (If Yes, please provide details.)

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Tetanus Inoculation Date: or

Tetanus Booster Date:

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Do you have any special dietary requirements?

Yes / No (If Yes, please provide details.)

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## 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.

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(Signature of Parent or Guardian)

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(Full Name of Parent / Guardian)

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(Date)

# UNIFORM SIZING

## 16 SQUADRON - Air Cadets

### DETAILS

NAME:

Date:

Surname:

First Name(s):

### FEMALE UNIFORM

SHIRT

8 10 12 14 16 18

*Please circle the appropriate size*

TROUSERS

8 10 12 14 16 18

*Please circle the appropriate size*

### MALE UNIFORM

SHIRT

NECK (CM)

35 36 37 38 39 40 41 42 43 44 45

46 47 48 49 50

*Please circle the appropriate size*

TROUSERS

WAIST (CM)

76 78 80 82 84 86 88 90 92 96 98

100 104 106

LEG: SHORT / STOUT / REGULAR / TALL


*Please circle the appropriate size*



<b>Parent Support Committee</b>  c/ <b>Treasurer</b> . Air Training Corps Association of NZ 16 SQN Tauranga Cnr Devonport Road & Eleventh Ave Or, P O Box 123, Tauranga 3140	<b>BILL TO</b>	For: CADET: ..... Address: ..... Tauranga ..... Ph: ..... Membership ID: [surname] INV # :	If using internet for payment please use CADET SURNAME as the particulars, and if you would be so kind, can you make contact with myself it makes balancing easier.  Much appreciated.
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Date	Description	Quantity	Amount \$
Current Date	Half Year membership contribution	1	60.00
	Uniform Bond (refundable upon conditions)	1	50.00
	Physical Training T-Shirt (upon availability)	1	25.00
	Unit Cap	1	20.00

Current	1-30 Days Past Due	31-60 Days Past Due	61-90 Days Past Due	Over 90 Days Past Due	Amount Due
0.00					155.00

Remittance 	
Invoice #	Date Paid:
Amount Due	
Amount Enclosed	

## PAYMENTS

If your payment is via internet, please use Cadets SURNAME in Particulars

Bank A/c N° 03-0445-0206116-00  
Air Training Corps Assn of NZ – 16 Sqn Tauranga  
Please make all cheques crossed NOT NEGOTIABLE, AC PAYEE ONLY to: ATC Assn of NZ 16 SQ, Tauranga.

*Thank you for supporting your child's interests*

