

APPLICATION TO JOIN (CADET)

Thank you for your enquiry regarding joining the VCC as a cadet. Please complete this form and we will contact you shortly to acknowledge your application. Use BLOCK capitals or type.

Please provide information about the child wishing to join:

Surname		Date of Birth	
Forenames		Gender	
Home Address		Home Telephone Number	
		Home Postcode	
School Name and Address		School Telephone Number	
		School Postcode	

Please tick if the applicant has ever been a member of any of the following organisations?

<input type="checkbox"/>	Air Training Corps	<input type="checkbox"/>	Combined Cadet Force	<input type="checkbox"/>	VCC (Other Unit)
<input type="checkbox"/>	Army Cadet Force	<input type="checkbox"/>	Girl Guides	<input type="checkbox"/>	Scouts
<input type="checkbox"/>	Boys' Brigade	<input type="checkbox"/>	Nautical Training Corps	<input type="checkbox"/>	Sea Cadet Corps (including RMC)
<input type="checkbox"/>	Other Youth Organisation <i>Specify</i>				

Please provide information about one of the applicant's parents or their principal guardian:

Surname		Occupation	
Forename		Relationship to Applicant	
Home Address		Home Telephone Number	
		Mobile Telephone Number	
Postcode		Email Address	
Signature		Date	

Please tick if any immediate family member has service in any of the following organisations?

<input type="checkbox"/>	Ambulance Service	<input type="checkbox"/>	Fire Service	<input type="checkbox"/>	Royal Air Force	<input type="checkbox"/>	RNLI
<input type="checkbox"/>	Army	<input type="checkbox"/>	Police	<input type="checkbox"/>	Royal Navy	<input type="checkbox"/>	Royal Marines
<input type="checkbox"/>	Coastguard	<input type="checkbox"/>	Other Service <i>Specify</i>				

Please provide details overleaf

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How did you hear about the VCC?

<input type="checkbox"/>	Leaflet	<input type="checkbox"/>	Used to be a Cadet	<input type="checkbox"/>	Website
<input type="checkbox"/>	Poster	<input type="checkbox"/>	Recommendation by a Friend	<input type="checkbox"/>	Other
<input type="checkbox"/>	Saw at an Event	<i>Name of Event</i>			

If the applicant plays any musical instruments please provide details:

<input type="checkbox"/>	Yes	<i>Specify</i>
<input type="checkbox"/>	No	

Please provide any other information that you think is relevant to the application:

If you require any assistance in completing this form or have any questions regarding the application process or the VCC in general please contact the VCC unit to which you wish to apply.

Once completed, please return this form to the Administration Officer at the VCC unit to which you wish to apply. Details of postal and email addresses are available on our website.

Office Use Only:

Comments		Date Received	
		Projected Year of Joining	
		Acknowledgement Sent Date	