

APPLICATION TO JOIN (ADULT)

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

About you:

Surname		Date of Birth	
Forenames		Gender	
Home Address		Home Telephone Number	
		Mobile Telephone Number	
Home Postcode		Email Address	

Driving licence information:

<input type="checkbox"/>	Car	<input type="checkbox"/>	Mini Bus	<input type="checkbox"/>	Lorry
<input type="checkbox"/>	Coach	<input type="checkbox"/>	Other	<i>Specify</i>	

Marital status:

<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Civil Partnership
<input type="checkbox"/>	Rather Not Say	<input type="checkbox"/>	Other	<i>Specify</i>			

Occupation:

Employer		Job Title	
Type of Business		Start Date	
Employer's Address		Employer's Telephone Number	
		Postcode	
Employer's Point of Contact		Email Address	

Employment status:

<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>	Permanent	<input type="checkbox"/>	Contract	<input type="checkbox"/>	Self-Employed
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Working hours:

<input type="checkbox"/>	Often Work Weekends	<input type="checkbox"/>	Often Work Evenings	<input type="checkbox"/>	Often Work Nights	<input type="checkbox"/>	Varies Week to Week
<input type="checkbox"/>	Variable Hours	<input type="checkbox"/>	Other	<i>Specify</i>			

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Education information:

<input type="checkbox"/>	O Levels	<input type="checkbox"/>	GCSE	<input type="checkbox"/>	A Levels
<input type="checkbox"/>	Diploma	<input type="checkbox"/>	Degree	<input type="checkbox"/>	BTEC
<input type="checkbox"/>	NVQ	<input type="checkbox"/>	Other	<i>Specify</i>	

Other qualifications and skills:

<input type="checkbox"/>	First Aider	<input type="checkbox"/>	Adventurous Activities	<input type="checkbox"/>	Sports Leader or Sports Coach
<input type="checkbox"/>	Weapons	<input type="checkbox"/>	Caving	<input type="checkbox"/>	Abseiling
<input type="checkbox"/>	Climbing	<input type="checkbox"/>	Mountain Leader	<input type="checkbox"/>	Swimming Coach
<input type="checkbox"/>	Lifeguard	<input type="checkbox"/>	Shooting Coach	<input type="checkbox"/>	Range Control Officer <i>.22 or 5.56</i>
<input type="checkbox"/>	Cycling	<input type="checkbox"/>	Sailing	<input type="checkbox"/>	Canoeing
<input type="checkbox"/>	Navigation	<input type="checkbox"/>	Expeditions	<input type="checkbox"/>	Archery
<input type="checkbox"/>	Musician	<input type="checkbox"/>	Drummer	<input type="checkbox"/>	Bugler
<input type="checkbox"/>	Other	<i>Specify</i>			

If you have ticked any of the above provide further information below including qualification level and expiry date:)

If you are called for interview please bring the originals or any certificates or other documentary proof of the above qualifications, copies of which will be taken and kept on file should your application be successful and you accept an invitation to join the VCC.

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Current or previous uniformed service:

<input type="checkbox"/>	Ambulance Service	<input type="checkbox"/>	Combined Cadet Force	<input type="checkbox"/>	Royal Air Force	<input type="checkbox"/>	Royal Marines
<input type="checkbox"/>	Army	<input type="checkbox"/>	Fire Service	<input type="checkbox"/>	Royal Fleet Auxiliary	<input type="checkbox"/>	Scouts
<input type="checkbox"/>	Army Cadet Force	<input type="checkbox"/>	Nautical Training Corps	<input type="checkbox"/>	Royal Navy	<input type="checkbox"/>	Sea Cadet Corps
<input type="checkbox"/>	Air Training Corps	<input type="checkbox"/>	Police	<input type="checkbox"/>	RNLI	<input type="checkbox"/>	Volunteer Cadet Corps
<input type="checkbox"/>	Coastguard	<input type="checkbox"/>	Other Service <i>Specify</i>				

If you have ticked any of the above provide further details (if more than one use continuation sheet):

Joining Date		Leaving Date	
Highest Rank Attained		Most Senior Appointment	
Service Number		Reason for Leaving	
Significant Achievements			

Commitment expectations:

<input type="checkbox"/>	Tuesday Evenings	<input type="checkbox"/>	Friday Evenings	<input type="checkbox"/>	Some Weekends	<input type="checkbox"/>	Most Weekends
<input type="checkbox"/>	Occasionally	<input type="checkbox"/>	Annual Camp <i>One week</i>	<input type="checkbox"/>	Other <i>Specify</i>		

Have you applied to join a cadet or youth organisation before and been rejected?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes <i>State why</i>
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Do you have a current DBS check?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes <i>Date & organisation</i>
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Please summarise what attributes you think you would bring to the VCC:

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Provide details of two referees willing to be contacted:

Name		Name	
Address		Address	
Home Telephone Number		Home Telephone Number	
Mobile Telephone Number		Mobile Telephone Number	
Email Address		Email Address	
Relationship		Relationship	
Number of Years Known		Number of Years Known	

Provide details of two people we can contact in the event of an emergency (should your application be successful):

Name		Name	
Address		Address	
Mobile Telephone Number		Mobile Telephone Number	
Home Telephone Number		Home Telephone Number	
Relationship		Relationship	

Ethnicity:

<input type="checkbox"/>	Arab	<input type="checkbox"/>	Black Other	<input type="checkbox"/>	Latino
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Mixed
<input type="checkbox"/>	Black African	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White
<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Other	<i>Specify</i>	

We ask for ethnicity information so we can monitor the ethnic profile of the VCC in accordance with our Equal Opportunities Policy. Your ethnicity will have no bearing on the application process. The VCC is committed towards equal opportunities where practicable.

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Do you have or have you ever had any of the following medical conditions or problems:

<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	Manual Dexterity
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	Migraine
<input type="checkbox"/>	Back Injury	<input type="checkbox"/>	Hearing Loss or Reduction	<input type="checkbox"/>	Physical Coordination
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Learning Difficulties	<input type="checkbox"/>	Running
<input type="checkbox"/>	Eyesight	<input type="checkbox"/>	Lifting or Moving Objects	<input type="checkbox"/>	Speech
<input type="checkbox"/>	Fractures	<input type="checkbox"/>	Memory Loss	<input type="checkbox"/>	Walking
<input type="checkbox"/>	Other <i>Specify</i>				

If you have ticked any of the above please provide further details below:

Continuation:

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Terms of Service:

1. I understand that if I am appointed to be a Cadet Force Adult Volunteer (CFAV) in the Volunteer Cadet Corps ("VCC"):
 - a. Such appointment is on a voluntary basis and that I am not considered to be an employee of the VCC, the Royal Navy, the Royal Marines, the Ministry of Defence or other such associated organisation, nor do I have any employment rights, nor am I a member of HM Armed Forces.
 - b. I am not entitled to any salary, pay or other remuneration in lieu of services or time given, save for approved expense reimbursement.
 - c. I must adhere to the VCC Regulations, and other notified rules and regulations including those issued by the Royal Navy, Royal Marines and Ministry of Defence that apply to the VCC, as amended and issued from time to time.
 - d. I must follow all the lawful orders and directions of the Commanding Officer and other CFAVs holding ranks and appointments senior to mine, and should I object to any such orders or any matter appertaining to the management of the VCC will raise said objections to the Commanding Officer in a responsible and confidential manner and in accordance with the VCC Regulations.
 - e. I shall follow any Terms of Reference defined for those roles to which I am appointed.
 - f. I shall at all times strive to ensure the safety, welfare and benefit of the cadets within the VCC.
 - g. I may resign at any time by submitting a letter in writing to the Commanding Officer, and subsequently shall offer up to the VCC all VCC and/or MOD property in my possession, including uniform, equipment and documentation. I also accept that a period of unexplained absence in excess of two (2) months will automatically be regarded as resignation.
 - h. My appointment does not exempt me from being available under the Armed Forces Act or from any liability I may have as a consequence of former Armed Forces service.
 - i. My appointment is subject to an enhanced Disclosure Barring Service (DBS) check and other such security clearance that the VCC and/or MOD deem appropriate from time to time.
 - j. I confirm that I am medically fit to undertake the duties of a CFAV and that should I have or subsequently develop any medical conditions I shall disclose such information in confidence to the Commanding Officer or appointed representative.
 - k. I must attend all parade nights and other relevant training and/or activities pursuant to my appointment or duties in the VCC, or as otherwise agreed with the Commanding Officer and/or his/her appointed representative.
 - l. I must attend all statutory staff training periods pursuant to the VCC Regulations and my appointment or duties in the VCC, or as otherwise agreed with the Commanding Officer and/or his/her appointed representative, and recognise that continued failure to attend shall invalidate my appointment as a CFAV in the VCC and I shall be considered to have resigned.
 - m. I must provide a suitable level of leadership and example to cadets, the civilian community, the military community and other stakeholders so that the reputation of the VCC and UK cadet forces as a whole is maintained.
 - n. I must behave in such a way as to uphold the traditions and reputation of the Naval Service, and provide inspirational leadership to the cadets setting an example and positive role model at all times.
 - o. I agree to being photographed and/or filmed and that such images may be used from time to time in publicity material produced by the VCC, and that should I object to such use I must inform the Commanding Officer who shall make reasonable efforts to remove or prevent further use of these images.
2. By signing below I confirm my acceptance of all of the above Terms of Service and hereby commit to abide by them during any service with the Volunteer Cadet Corps.

I hereby confirm that the information I have provided herein is true and accurate to the best of my knowledge, and I agree that should my application be successful I shall abide by the above stated Terms of Service:

Name			
Signed		Dated	

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Receipt and Acknowledgement:

Initial Comments About This Application			Date Received			
			Received By			
			Acknowledgement Sent Date			
Call for interview?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Decided By	

Interview:

Interview Report			Interview Date	
			Interviewed By	

Assessment:

<input type="checkbox"/>	Interview Passed	<input type="checkbox"/>	References Checked	<input type="checkbox"/>	DBS Submitted
<input type="checkbox"/>	Identity Checked	<input type="checkbox"/>	Suitable for VCC Service as CFAV	<input type="checkbox"/>	Regulations Issued
<input type="checkbox"/>	Approved <i>Only approve if all boxes above are ticked</i>				Rejected
If Rejected, Why			Decided By		
Dated			Signed		

Decision Notification:

Decision Letter Sent	<input type="checkbox"/>	Yes			Date Decision Letter Sent	
Acceptance Received	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

Induction:

Personnel File Created	<input type="checkbox"/>	Yes	Date Joined	
Induction Given By			Induction Date	
Comments				