



The Sea Cadets

Adult application to join the Sea Cadet Corps in England and Wales

If not completing electronically, use only block capitals. Complete ALL Sections applicable to you.
If more room is required, use a separate sheet of white A4 paper.

MSSCHQ Use only:

PIN:

Date Taken on Strength (TOS) dd/mm/yyyy

IMPORTANT You are applying to become an instructor or unit assistant in the Sea Cadet Corps (SCC). Should this application be successful you will in the future have unsupervised access to young people. You must apply for clearance to do so. This clearance is called a "disclosure". A disclosure certificate will be obtained from the criminal records bureau (CRB). You will be given a disclosure application form and a document called "Information for Disclosure Applicants" when first applying or re-applying to become a SCC instructor. You **must not** contact CRB direct to start the process.

If information is received about you that indicates that your service in the Sea Cadet Corps may pose a risk to cadets in our care, that information will be held on your personal file, which may be marked on the outer cover with an applicable warning notice.

As an organisation using the disclosure service to assist recruiting decisions, the SCC/MSSC abide by the CRB Code of Practice, details of which may be found at www.disclosure.gov.uk or Unit, District or Area offices. Any information received about you will not be given to a third party, unless we are authorised or required to do so by law.

Application Routeing (Please tick one)

I wish to apply for a voluntary appointment as:

- Unit Assistant Please also read and sign Section C
- Civilian Instructor Please also read and sign Section C
- Trainee Instructor Please also read and sign Section C
- Chaplain Please also read and sign up to Section A **AND** complete Form P6
- Senior Rating (PPO / PO / CPO) Please also read and sign Section A
- Senior Non-Commissioned Officer (PSgt / Sgt / CSgt) Please also read and sign Section A
- Direct Entry Officer Please also read and sign Section B

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

1. Applicant Details

Title: First Name: Initials: Surname:

Suffix: Date of Birth: Gender: Male Female Marital Status:

Religion: Ethnicity:

Address Line 1: Address Line 2:

Town: County: Postcode:

Email: Phone Number:

Mobile Number: Alternate Phone Number: Fax Number:

National Insurance Number:

Employer: Occupation:

Driving Licence No: Licence Category:

PREVIOUS CADET SERVICE (including ACF, ATC or other Cadet Service) if applicable	Corps/Service	Date From	Date To	Unit Name (Not TS Name)	Highest Cadet Rank

1. Applicant Details (Continued)

PREVIOUS ADULT SERVICE WITH CADET OR OTHER YOUTH ORGANISATIONS

If you have previous adult service with any Cadet or other Youth organisation, it must be declared here. Failure to declare any such previous service will be considered a false statement on entry and may lead to immediate termination of appointment.

Service	Date From	Date To	Unit Name/Place	Rank/Position	Reason for Leaving

PREVIOUS SERVICE IN HM FORCES, RESERVES, RFA, MERCHANT NAVY ETC

If you have previous service with any of HM Forces, it must be declared here. Failure to declare any such previous service will be considered a false statement on entry and may lead to immediate termination of appointment. Please provide Discharge Documents where necessary. Continue on a separate sheet of A4 paper if necessary.

Service	Date From	Date To	Rank/Rate	Service Number	Reason for Discharge

QUALIFICATIONS If you have any of the following qualifications please list them with details below:

Sailing, Power Boats, Pulling, Canoeing, Shooting, First Aid, Swimming, Football, Athletics, Physical Training, Hill Walking, Mountain Leadership, Seamanship, Communications, Electrical, Engineering, IT, etc

Qualification	Grade	Date	Qualification	Grade	Date

REFEREES: The names of 2 referees with contact address and telephone numbers are required here:

Referee One		Referee Two	
Name		Name	
Address		Address	
Tel No		Tel No	

Referees may *not* be relatives. One must be a professional person (teacher, doctor, solicitor etc) or the applicant's employer and one must have known the applicant for more than 5 years.

BANK ACCOUNT DETAILS: for direct banking of SCC payments

Account Holder Surname: Forename(s):

Bank/Building Society Name:

Branch Address:

Account Number: Sort Code:

2. Next of Kin Details

First Name: Initials: Surname: Title:

Relationship to Applicant:

Address Line 1: Address Line 2:

Town: County: Postcode:

Phone Number: Mobile Number: Email:

3. Medical Details

Dietary Requirements: If you have an allergy, intolerance or Religious requirement which will exclude certain food groups from your 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"/> |
| 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"/> |

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"/> | |

Medical Notes & Details: (if you have ticked any of the above, please provide amplifying information here)

4. Acknowledgement of Entry into the Sea Cadets and Declarations

Have you ever been found guilty of an offence or received a Police caution or warning in respect of any offence? Yes No

By virtue of the Rehabilitation of Offenders Act, 1974 (Exceptions) 1975 the provisions of the Rehabilitation of Offenders Act, 1974 does not apply to this question. You are therefore not entitled to withhold information about a previous conviction on the grounds that it is for other purposes spent under the Act.

Having a criminal record will not necessarily prevent you from working with the Sea Cadet Corps. This will depend on the nature of the position as well as the circumstances and background of your offence. Details and further information about any such offences, Police cautions or warnings must be given on the special attachment to this form which should then/may be sealed in an envelope and stapled or pinned to this form. Your application will be delayed otherwise.

To the best of my knowledge, the information given on this form is correct and I understand that any statements and information I have given, knowing them to be false, may lead to instant termination of appointment or non-approval of appointment. I ALSO CONSENT TO ANY IMPORTANT INFORMATION (AS OUTLINED ON PAGE 1 OF THIS FORM) TO BE RETAINED IN MY PERSONAL FILE AND FOR THE FILE TO BE MARKED ACCORDINGLY.

Signature of Applicant:	Print Name:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

APPLICANTS FOR THE CHAPLAINCY MUST NOT PROCEED FURTHER WITH THIS FORM BUT MUST NOW COMPLETE FORM P6 (CHAPLAINS) AND FOLLOW THE DIRECTIONS AND INSTRUCTIONS THEREIN

Section A: Senior Rating and Senior Non-Commissioned Officer Applicants ONLY

I hereby apply for a temporary unpaid appointment as a Sea Cadet Senior Rating/SNCO to the Sea Cadet Unit listed above and I agree to meet the requirements of Sea Cadet Regulations and guarantee that unless prevented by unforeseen circumstances, I will serve the SCC for at least three years. I understand that if I change my residence I will normally be expected to transfer to another Unit in my new District. I also agree to give one month's notice of my intention to leave the Corps.

I understand that if I am granted a temporary appointment as a Sea Cadet Senior Rating/SNCO for Sea Cadet duties, such appointment will not exempt me, from any liability I may have now or in the future for full time service with the Armed Forces. I therefore undertake to resign my appointment should I be called up for full time service. It is also understood that my appointment may at any time be terminated by CSC.

I have fully read and agree to comply with the current 'Code of Conduct', as published by Sea Cadet Headquarters. I am willing to attend the Courses as laid down in Training Instructions and Sea Cadet Regulations. Any items of Uniform issued to me remain the property of the Ministry of Defence (Navy) and must be returned to the Unit when I leave. I accept that I am responsible for reimbursing the MoD(N) at the current price for any item not returned, as laid down in the current edition of Sea Cadet Regulations, which I have read and fully understand.

Signature of Applicant:	Print Name:	Date:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

4. Acknowledgement of Entry into the Sea Cadets and Declarations (Contd)

Section B: Direct Entry Officer Applicants ONLY

I hereby apply for a temporary unpaid appointment as a Sea Cadet Officer to the Sea Cadet Unit listed above and agree to meet the requirements of Sea Cadet Regulations and guarantee that unless prevented by unforeseen circumstances, I will serve the SCC for at least three years. I understand that if I change my residence I will normally be expected to transfer to another Unit in my new District. I also agree to give one month's notice of my intention to leave the Corps.

I understand that if I am granted a temporary appointment (RNR(SCC)/RMR(SCC)) in the SCC for Sea Cadet duties such appointment will not exempt me, from any liability I may have now or in the future for full time service with the Armed Forces. I therefore undertake to resign my appointment should I be called up for full time service. It is also understood that my appointment may at any time be terminated by CSC. I have fully read and agree to comply with the current 'Code of Conduct', as published by Sea Cadet Headquarters. I am willing to attend the Courses as laid down in Training Instructions and Sea Cadet Regulations.

I **do / do not*** wish to claim payment of Uniform Allowance, and on premature termination of appointment I agree to refund the whole or a proportion of my uniform grant and value of uniform free issues, as laid down in the current edition of Sea Cadet Regulations, which I have read and fully understand. (* Strike out as appropriate)

Signature of Applicant:	Print Name:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section C: Civilian Instructor/Trainee Instructor and Unit Assistant Applicants ONLY

I hereby apply for a temporary unpaid appointment, as shown above, to the Sea Cadet Unit as indicated and I agree to meet the requirements of the Sea Cadet Regulations and guarantee that, unless prevented by unforeseen circumstances, I will serve the SCC for at least 3 years.

I agree to give at least one month's notice of my intention to leave the Corps. I have fully read and agree to comply with the current 'Code of Conduct' as published by Sea Cadet Headquarters. I enclose three recent passport sized photographs and, if applicable, a copy of my Service records.

I certify that the information supplied on this Form is to the best of my knowledge, accurate and complete. Any future changes to the information supplied will be communicated by my Commanding Officer/Superior Officer. I also understand that any false statement will make my appointment with the Sea Cadet Corps liable for instant termination.

Signature of Applicant:	Print Name:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant's General Declaration (for all applicants):

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 management database - Westminster.

Signature:	Print Name:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

For Completion by the Unit: Date record created on Westminster:

Interviewed by: Date:

It is requested that the person listed be appointed as a Sea Cadet **UA / TI / CI / SR / SNCO / Officer***. I forward two recent passport type photographs, CRB Disclosure Form and, if applicable, a copy of Service Records.

Name, Title & Address of Unit Chairman	Name, Rank/Rate & Address of Commanding Officer
<input type="text"/>	<input type="text"/>

Signature of Commanding Officer: **Date:**

Signature of Chairman: **Date:**

For Completion by the Area:

Proposed Rate/Rank: **Seniority Date:**

The two References listed on Form SCC P1 have both been written to; reply received, checked and is satisfactory. We certify that the requirements of SCRs have been met and we support the recommendation of the Applicant.

Date SCC P1, CRB Form, References, two passport photographs, Service Records sent to MSSC HQ:

It is understood that entry will not be confirmed until all documentation is held and clearances/References have been received by MSSCHQ.

For Completion by MSSC HQ:

Approved Rate/Rank: **Seniority Date:** **CRB Disclosure Date:**