



JERSEY FIRE AND RESCUE CADETS

APPLICATION FORM

All sections must be fully completed and then sent to:

Jersey Fire and Rescue Cadets
States of Jersey Fire and Rescue Headquarters
Rouge Bouillon
St. Helier
Jersey
JE4 5TP

(For your information: all details entered on this form will be treated as confidential and may be entered on a computer database. This will only be used for JYFRC purposes.)

Fill this form in using CAPITALS and Black Pen. Mark appropriate boxes:

First Name:	.....	Initials:	.....	Surname	.....
Date of Birth:	Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Place of Birth:	.....				
Attach one copy of an official document showing proof of age						
Address:	.....				
.....						
Parish						
Postcode						
Telephone No:	.....	Mobile Number:	.....		
(If you have NOT resided at the above address for the last five years, Please list your previous addresses and dates of residence on a separate sheet and attach to this form.)						
Email:	..... ALL Communication to Cadets will be official business ONLY				
School/College:	.....				

Do you have any health problems that may be affected by Cadet activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If YES, please give brief details overleaf) (This information will be treated in confidence)	

Have you even been arrested or reported for any offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If YES, please give brief details below)	
.....	
.....	
.....	
(This information is in confidence, will NOT be divulged to any other party. Failure to disclose this information will be used as grounds for a refusal.)	

Name

Cadet Service Number

Next of kin details

First Name: Initials: Surname:

Relationship to Applicant Same address as Cadet Address? Yes No If no, Please complete address below

Address:
.....
..... Parish Postcode.....

Phone Numbers
Daytime: Mobile: Evening:

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 the 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

Questionnaire: Answer the following statements with an in the boxes you feel portray you.

- Discipline is essential in a uniformed service: Strongly Agree Agree Not Sure Disagree Strongly Disagree
- Responsibility rests solely on the Team Leader: Strongly Agree Agree Not Sure Disagree Strongly Disagree
- Being a team player means assisting others: Strongly Agree Agree Not Sure Disagree Strongly Disagree
- The Team Leader's command is final: Strongly Agree Agree Not Sure Disagree Strongly Disagree

Hobbies and Interests:

(Please give these details so that we may include them, where appropriate.)

.....
.....
.....
.....

Sports Activities:

(Please give these details so that we may include them, where appropriate.)

.....
.....
.....
.....

Name

Cadet Service Number

Parental Consent

I confirm the accuracy of this application and consent to
.....
..... (Cadet's Name)

being a member of **Jersey Fire and Rescue Cadets** and allow him / her* to take part in all the activities of the organisation.

I confirm that I am attaching a completed consent form for all Monday evening meetings.

I also confirm that I attach at least one official document confirming their correct date of birth.

Signed:
(This declaration is not required if the applicant is 18 years or over.)

Joining agreement

I, the undersigned, agree to abide by the rules and regulations of the Jersey Fire and Rescue Cadets (JYFRC).

I understand that the uniform issued is only to be worn as directed by the Cadet staff and only in conjunction with JYFRC events. On leaving the JFRS I will return **ALL** items of clothing and equipment which had been issued to me.

I understand that as a member of the JYFRC, I am now responsible to ensure that I conduct myself in a manner that will not bring discredit upon the Jersey Fire and Rescue Service.

I will follow instructions given by Cadet staff to the best of my ability.

I further understand that any material or information that I may come into contact with, within my capacity as a fire cadet, must be treated as confidential.

.....
Cadet's Signature

.....
Date

.....
Cadet Coordinator's Signature

.....
Date

FOR OFFICE USE ONLY

Cadet Commencement Date:	Cadet Service Number:
Cadet Termination Date:	Termination Reason:

Name

Cadet Service Number



JERSEY FIRE AND RESCUE CADETS

Photograph Consent form

Name of Cadet:

Name of Parent / Guardian:

Address:

Parish: Postcode:

Telephone/Mobile:

The States of Jersey Fire and Rescue Service would like to take photographs of the above named cadet and to use those images in our Reports or in other printed publications that we produce, as well as on our website or on project display boards throughout the States of Jersey. We may also make video or webcam recordings educational use.

From time to time, our service may be visited by the media who will take photographs or film footage. Cadets will often appear in these images, which may appear in local or national newspapers, or on televised news programmes.

To comply with the Data Protection Jersey Law (2005), we need your permission before we can photograph or make any recordings of your child for promotional purposes. Please answer questions below, then sign and date the form where shown.

May we use your child's photograph in the school prospectus and other printed publications that we produce for promotional purposes or on project display boards? Yes No

May we use your child's image on our website? Yes No

May we record your child's image on video or webcam? Yes No

Are you happy for your child to appear in the media Yes No

Please note that websites can be viewed throughout the world and not just in the United Kingdom where UK law applies.

Please also read the conditions for use of these photographs before signing this form.

DECLARATION

I have read and understood the conditions of use on the back of this form.

Parent's or guardian's signature: Date:

Name (in block capitals):

** Please delete the option that does not apply*

Name

Cadet Service Number

Medical Declaration

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"/>	Nut Allergy	<input type="checkbox"/>	Wheat Allergy	<input type="checkbox"/>	Fish/Seafood Allergy	<input type="checkbox"/>	Other	<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"/>		
Halal	<input type="checkbox"/>	Vegan	<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>	Gluten Free	<input type="checkbox"/>		

Health 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 above?) Yes No

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

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

Medical Details

Doctors Name: Surgery:

Address:

Parish: Postcode:

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:

Acrophobia (Heights)	<input type="checkbox"/>	Hydrophobia (Water)	<input type="checkbox"/>	Claustrophobia (Confine Spaces)	<input type="checkbox"/>	Achluophobia (Darkness)	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Personal Risk Danger	<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"/>	Hearing	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>
Fractures	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	Speech	<input type="checkbox"/>	Allergic Reaction	<input type="checkbox"/>
Inability to Move Objects	<input type="checkbox"/>	Incontinence	<input type="checkbox"/>	Memory	<input type="checkbox"/>		

Name

Cadet Service Number