

CAYMAN ISLANDS CADET CORPS ADULT APPLICATION FORM (Please complete in ink using BLOCK LETTERS.)

NAME:	Sı	ırname	ame First Name		Other Names			Title		
STREET ADD	RFSS: Stre	et & No.	Dis	trict	BIRTH DATE:	dd/mm/yyyy	GENDEF	. M/F		
STREET RDD	RESS.				DIRTH DATE.		GLIDLI			
		P O Box	Dis	trict				DDEN		
MAILING AD	DRESS:				MARITAL STAT	US: NO	. OF CHIL	DREN:		
	Home F	Dhone	Work Phone	Cell Phone	e Pager		E-mail Addre			
CONTACT INFORMATIC		none	WORK I Holle	Cell I hold			E-man Addre			
NEXT OF KIN	:	Name			Address	P	hone No.	Relationship		
EMPLOYER:		Name			Address		Phone/Fa	x No.		
JOB TITLE:				PROFESSION (if different):						
ACADEMIC QUALIFICATIONS										
	(List su	ibjects, grades	, diplomas, co	ertificates, and	l degrees where appro	priate.)				
INSTITUTION			ACHIEVEMENT				PERIOD			
							From	То		
	PRIOR CADET OR MILITARY EXPERIENCE									
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1

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OTHER INFORMATION Please provide other relevant information not specifically requested on this form.								
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DECLARATION								
I,	I,, do declare that the information given on this form is							
complete and correct to the best of my	knowledge.							
Applicant's Signature	e	Date						
	•	2000						
(Sponsor may be a Commissioned CICCor	SPONSOR'S RECOMM ps Officer, School Principal, JP,		inister of Religion.)					
Sponsor's Name (Block Capitals)	Spon	sor's Signature	Date					
REFERENCES								
Please provide the contact information for two references.								
BUSINESS REFERENCE:	Name	Address	Phone					
PERSONAL	Name	Address	Phone					
REFERENCE:								
Th	ATTACHMENT CH							
[] Two recent passport sized photogr	e following items should be atta	ched to this application.						
 [] I wo recent passport sized photographs [] Recent original police clearance certificate 								
[] Two letters of reference from the sources named above								
[] Details of arrest record, if applicable								
[] Other								
	FOD OFFICAL IN	SE ONI V						
FOR OFFICAL USE ONLY Recommendations:								
[] Accepted [] Not Accepted	Authorised Signature	Dat	te					

2