



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

PHOTO X 2

NAME:		Surname	First Name	Other Names	Title
STREET ADDRESS:		Street & No.	District	BIRTH DATE: dd/mm/yyyy	GENDER: M/F
MAILING ADDRESS:		P O Box	District	MARITAL STATUS:	NO. OF CHILDREN:
CONTACT INFORMATION:		Home Phone	Work Phone	Cell Phone	Pager E-mail Address
NEXT OF KIN:		Name	Address	Phone No.	Relationship
EMPLOYER:		Name	Address	Phone/Fax No.	
JOB TITLE:			PROFESSION (if different):		
<b>ACADEMIC QUALIFICATIONS</b> (List subjects, grades, diplomas, certificates, and degrees where appropriate.)					
<b>INSTITUTION</b>		<b>ACHIEVEMENT</b>		<b>PERIOD</b>	
				<b>From</b>	<b>To</b>
<b>PRIOR CADET OR MILITARY EXPERIENCE</b>					
<b>ORGANISATION</b>		<b>HIGHEST ACHIEVEMENT/RANK ATTAINED</b>		<b>PERIOD</b>	
				<b>From</b>	<b>To</b>
HOBBIES:			CAYMAN IMMIGRATION STATUS:		
LIST CADET CORPS ACTIVITIES IN WHICH YOU ARE INTERESTED:					
HOW DID YOU BECOME AWARE OF THE CADET CORPS?					
ARRESTS:	Yes [ ] No [ ]	If yes, please list details including Court Reference Numbers on a separate sheet.			

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**OTHER INFORMATION**

Please provide other relevant information not specifically requested on this form.

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**DECLARATION**

I, \_\_\_\_\_, do declare that the information given on this form is complete and correct to the best of my knowledge.

\_\_\_\_\_ Date

Applicant's Signature

**SPONSOR'S RECOMMENDATION**

(Sponsor may be a Commissioned CICCorps Officer, School Principal, JP, Gazetted Police Officer, or Minister of Religion.)

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\_\_\_\_\_ Date

Sponsor's Name (Block Capitals) Sponsor's Signature

**REFERENCES**

Please provide the contact information for two references.

	Name	Address	Phone
<b>BUSINESS REFERENCE:</b>			

	Name	Address	Phone
<b>PERSONAL REFERENCE:</b>			

**ATTACHMENT CHECKLIST**

The following items should be attached to this application.

Two 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 \_\_\_\_\_

**FOR OFFICAL USE ONLY**

Recommendations: \_\_\_\_\_

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Accepted \_\_\_\_\_ Date

Not Accepted \_\_\_\_\_ Authorised Signature