

**GOVERNMENT OF SEYCHELLES
SEYCHELLES DEFENCE FORCES**

Application Number:

DATE



APPLICATION TO JOIN THE SDF

LAST NAME, FIRST NAME, MIDDLE NAME

NATIONAL IDENTITY NUMBER

**WARNING: The information given by the applicant constitutes an official statement.
Making a false statement the applicant can meet an administrative board for discharge or tried by court.**

PART I (TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS)

1- PARTICULARS OF APPLICANT

LAST NAME, FIRST NAMES, MIDDLE NAME		NATIONAL IDENTIFICATION NUMBER - - - -	DATE OF BIRTH (DD/MM/YYYY) 	
GENDER: MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	MARITAL STATUS: MARRIED <input type="checkbox"/>	SINGLE <input type="checkbox"/>	COUNTRY OF BIRTH:
ADDRESS:			TELEPHONE:	

2- EDUCATIONAL BACKGROUND

INSTITUTION	QUALIFICATION ATTAINED	FROM (Mth/Yr)	TO (Mth/Yr)

3- EMPLOYMENT HISTORY

NAME OF ORGANIZATION	POST HELD	FROM (Mth/Yr)	TO (Mth/Yr)

4- REFERENCES (Please give details of two persons not relatives, who has known you for two years or more)

NAME:	NAME:
ADDRESS:	ADDRESS:
OCCUPATION:	OCCUPATION:

5- FAMILY

SPOUSE NAME (SURNAME FIRST)	NATIONAL IDENTIFICATION NUMBER - - - -	DATE OF BIRTH (DD/MM/YYYY)
CHILDREN'S NAME		DATE OF BIRTH (DD/MM/YYYY)
MOTHER'S NAME (SURNAME FIRST)	FATHER'S NAME (SURNAME FIRST)	
ADDRESS:	ADDRESS:	

6- NEXT OF KIN (A PERSON WHOM YOU WISH WE NOTIFY IN CASE OF AN YSERIOUS ACCIDENT OR DEATH)

NAME: (SURNAME FIRST)	NATIONAL IDENTIFICATION NUMBER - - - -
ADDRESS:	TELEPHONE:

7- DESCRIPTION OF CAREER (PLEASE GIVE A CONCISE ACCOUNT OF RELEVANT EXPERIENCES AND REASON TO JOIN SPDF)

8- OTHER RELEVANT PARTICULARS (DESCRIBE ANY SPECIAL INTERESTS AND HOBBIES)

9- INTEREST IN PRIVATE BUSINESS (GIVE DETAILS)

10- CRIMINAL OFFENCES (GIVE DETAILS)

11- DECLARATION OF APPLICANT REGARDING SPDF POLICY ON HIV/AIDS, ALCOHOL AND DRUG ABUSE

This is to certify that I understand the SPDF Policy on HIV/AIDS, Alcohol and Drug abuse. I further understand that Alcohol and Drug abuse is incompatible with SPDF duties and that in such cases I will be disqualified. I further understand that I will be tested for HIV infection and in case I am tested positive I will be disqualified. My signature indicated my willingness to abide by the SPDF Policy on HIV/AIDS, Alcohol and Drug abuse.
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APPLICANT'S SIGNATURE

DATE SIGNED (DD/MM/YYYY)

12- DECLARATION OF APPLICANT

I certify the information on this application form to join SPDF is true and complete to the best of my knowledge. I further understand that I may be requested to provide documentation regarding issues within my application.
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APPLICANT'S SIGNATURE

DATE SIGNED (DD/MM/YYYY)

13- WITNESSES SIGNATURES

1 st WITNESS NAME (SURNAME FIRST)	NATIONAL IDENTIFICATION NUMBER	SIGNATURE
	- - - -	

2 nd WITNESS NAME (SURNAME FIRST)	NATIONAL IDENTIFICATION NUMBER	SIGNATURE
	- - - -	

PART II - MEDICAL REPORT

14- MEDICAL FITNESS AND PROFILE

I certify that I have examined NIN:

and found him/her FIT UNFIT for recruitment.

His/her medical category is as follow:

S	H	A	P	E	Height	Weight
					cm	kg

CHIEF MEDICAL OFFICER'S SIGNATURE

DATE SIGNED (DD/MM/YYYY)

PART III - (COMMISSION OF RECRUITMENT REPORT)

15- COMMENTS AND RECOMMENDATIONS OF THE COMMISSION OF RECRUITMENT

CHAIRMAN'S SIGNATURE

DATE SIGNED (DD/MM/YYYY)

PART IV - (APPROVAL OF THE CHIEF OF STAFF)

16- APPROVAL OF THE CHIEF OF STAFF

Application is: Approved Not approved

Remarks, if any:

CHIEF OF STAFF SIGNATURE

DATE SIGNED (DD/MM/YYYY)