



INTERNATIONAL EXCHANGE APPLICATION FORM

Applicants Full Name:	
Cadet Unit:	
Applying for:	International <input type="checkbox"/> Sea Cadet / <input type="checkbox"/> Cadet Corps / <input type="checkbox"/> Air Cadet Exchange
Year of Exchange:	

Part A: Instructions and information for applicant

Panel 1: Instructions to applicant

Applicants are to complete **part B** of this application form **only**, i.e. panels 1 – 14.

Applications must be completed electronically.

Please do not leave any blank spaces. If a question does not apply, please annotate with **N/A**.

IF YOU HAVE A PASSPORT:

- This information must be exactly as it appears in your passport.
- The passport must still be current for 6 months after you return from the exchange.

IF YOU DO NOT HAVE A PASSPORT:

- Do NOT apply for one until you have been advised you have been selected.
- The Information you provide in this section must be exactly the same as it appears in your passport, if you are selected, then the ticket will be issued using this information. Any difference in the information supplied will mean the airline will not let you fly.

If your personal information changes before the exchange occurs, then you must let your Unit Commander know as soon as possible.

Pass this form to your Cadet Unit Commander when part B is complete.

Panel 2: Information

The information provided by yourself remains **in confidence** and will be treated in accordance with The Privacy Act 2020.

Refer to CadetNet for the most up to date application form.

Some exchanges have an age criterion and are only available for senior cadets. Refer to minute(s) promulgated by S35 team (Exchange Officers) advertising nominations are open.

Understand that you will be expected to fund some or in some cases all of the costs involved in this international exchange. The Chief of Defence Force has generously agreed to subsidise some of the costs. If you are not in a financial position to fund the remainder plus having up to \$500.00 spending money, then speak to your Unit Commander for ideas on how to fundraise the required amount of money. Lack of money **should not** be a barrier to you making an application.

If you do not have a current passport **do not** apply for one until you have been advised that you have been successful in your application. If you have a current NZ Passport it must have at least 6 months before expiry as at the end date of the exchange you are applying for. Please attach a clear photocopy of the details page and include it with this application.

If you are **NOT** a New Zealand Citizen, then **please clearly state this** in panel 4. It will not prevent you from being selected. Instead it alerts the S35 (M, L, A) that additional travel visas may be required.

Fully understand that **no private** travel is permitted whilst you are overseas as part of this international exchange. You will, if selected, be travelling as part of a multi-national party and **no private** travel or personal deviation from the schedule will be permitted.

Completing this application form indicates to the selection committee that you have read and fully understood all of these instructions.

If your contact details change after you have been advised that your application is successful, it is **your** responsibility to advise the Unit Commander of the new details which will be passed on as required.

Part B: Applicant to complete.

Panel 3: Exchange Information

I wish to be considered as an officer / a cadet for:

- International Sea Cadet Exchange (ISCE)
- International Cadet Corps Exchange (ICEP)
- International Air Cadet Exchange (IACE)

Which will take place in:
(Year is the programme scheduled to take place)

My order of preference of which country the exchange takes place is:

Refer to the minute promulgated by S35 team (Exchange Officers) detailing the list of countries that are available to apply for.

1 st preference:	
2 nd preference:	
3 rd preference:	
4 th preference:	

Panel 4: Applicant Details

Where applicable these details are match those listed on your passport. Refer to panel 1.

Surname:			
First Names:			
Known As or Preferred First Name:			
Gender:		Rank:	
		Corps:	
Enrolment Date:		Unit:	

Present Residential Address:

Street Number and Street:			
Suburb:		City:	
Post Code:			

Telephone Numbers:

Home:		Work:		Mobile:	
Email Address:					

Birth date:		Age: <i>(years and months)</i>	
Place of Birth:		<i>(Country if other than NZ)</i>	
<i>(Town / City)</i>			

Nationality:		Are you a NZ Citizen?	
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Panel 5: Next of Kin Details

The below information is required so that we can contact your family in case of emergency. Due to international time differences, it is important that a 24-hour contact can be made.

Primary Next of Kin

Full name:			
Relationship to Applicant:			
<i>Present Residential Address:</i>			
Street Number and Street:			
Suburb:		City:	
<i>Telephone Numbers:</i>			
Home:		Work:	
		Mobile:	
Email Address:			

Alternative Next of Kin

Full name:			
Relationship to Applicant:			
<i>Present Residential Address:</i>			
Street Number and Street:			
Suburb:		City:	
<i>Telephone Numbers:</i>			
Home:		Work:	
		Mobile:	
Email Address:			

Panel 6: Passport Information

Select one that applies to you:

- I **do not** have a passport. → **Go to Panel 7.** Do **not** apply for a passport until you have been advised you have been selected.
- I have a passport that will expire in the next 12 months. → **Complete this panel.** Do **not** apply for a passport until you have been advised you have been selected.
- I have a current passport. → **Complete this panel**

Passport Number:		Issue Date:	
Issue Location/ Authority:		Expiry Date:	

STAFF 1N–CONFIDENCE

Panel 7: Clothing

Size type (M/F):		Shirt Size:	
Polo Shirt Size:		Trousers Size:	
Preferred Name on Exchange Name Tag:			
<i>For IACE applicants only:</i>			
Blazer Jacket Size:		Bomber Jacket Size:	

Panel 8: Additional Information

Have you travelled overseas before?	<input type="checkbox"/> Yes <i>(Provide details below, incl where and when)</i>	<input type="checkbox"/> No
Do you speak any languages other than English?	<input type="checkbox"/> Yes <i>(Detail what languages and level of proficiency)</i>	<input type="checkbox"/> No

Panel 9: Community Services

- This section identifies the involvement you have with your community, whether it be in conjunction with your unit, other organisations, or at your own initiative.
- If you have participated in the activities listed, identify the year(s) in the column next to it.

Event	Years participated	Event	Years participated
Poppy Day:		Battle of Britain Day:	
ANZAC Day:		Trafalgar Day:	
Daffodil Day:		Armistice/ Remembrance Day:	
Other Street Collector for Organisation:		Veterans Meals, RSA:	
Community Service Award:		Retirement Home Visits:	

Areas of Community Involvement	Remarks
School <i>(Prefect or Other)</i>	
Sports <i>(Player, Coach or Other)</i>	
Cultural <i>(Dancing or other)</i>	
Duke of Edinburgh <i>(incl. level obtained)</i>	
Previous involvement with exchanges <i>(Incl. billet, tour, previous application or other)</i>	

Panel 10: Cadet Force Service

List the most recent (authorised) NZCF courses you have attended. *(eg JNCO, SNCO, etc)*

Course Name	Position	Date

Panel 11: Medical Record

It is important for risk management purposes that your medical history is totally disclosed. If you do not disclose an illness and something unexpected occurs, then insurance may be invalid; all costs such as hospital and treatment costs including early return travel, these would then be the responsibility of your parent/guardian.

Allergies:	
Dietary Restrictions:	
Medications:	
Relevant Medical History:	
Doctors Name:	
Doctors address:	
Doctors contact numbers:	

Panel 12: Applicant’s Submission

Why do you seek selection?

Please tell us about yourself, what you do, what you hope to gain from the International Exchange (if selected), what you want to do with your life, what you have already done, what your hopes and aspirations are.

(If you require additional space, attach a PDF document with the entire submission for this panel)

Empty response area for applicant submission.

Panel 13: Consent and Declaration

The above information is true to the best of my knowledge. I authorise the above the NZCF International Exchange Programme or insurance company to release any information required to process my claim.

I agree to accept the destination that may be offered to myself/ my child / my ward by the respective Association upon their selection for an international exchange. I acknowledge that it is my responsibility to meet these costs (as applicable) of the programmes including airfares, travel insurance, uniform, and spending money. Some cost may be subsidised by the Chief of Defence Force. I am also aware that any private travel, visits etc. are not permitted as part of this exchange programme.

Signed:			
Name:		Date:	

Panel 14: Checklist

Have you: *(tick off each task in the below checklist once each task is completed)*

- | | | |
|----------|---|--------------------------|
| Cover | Completed the cover page | <input type="checkbox"/> |
| Attach | Have a head and shoulders photo (passport style) in JPG format to send with this application? | <input type="checkbox"/> |
| Panel 3 | Exchange and country preferences identified? | <input type="checkbox"/> |
| Panel 4 | Personal details completed? Proof of NZ Citizenship / Residency attached? | <input type="checkbox"/> |
| Panel 5 | Identified a primary and alternative next of kin? Provided their contact details? | <input type="checkbox"/> |
| Panel 6 | If applicable, have you included your passport details? | <input type="checkbox"/> |
| Panel 7 | Clothing sizes entered and complete? | <input type="checkbox"/> |
| Panel 8 | Additional information included? | <input type="checkbox"/> |
| Panel 9 | Community service information completed? | <input type="checkbox"/> |
| Panel 10 | Listed NZCF courses attended? | <input type="checkbox"/> |
| Panel 11 | Have you included all relevant medical history? | <input type="checkbox"/> |
| Panel 12 | Have you Completed your submission? | <input type="checkbox"/> |
| Panel 13 | Have you/your NOK read, signed, and dated this declaration? | <input type="checkbox"/> |
| Panel 14 | Have you checked and completed this checklist fully? | <input type="checkbox"/> |

This completes Part B. Please pass this application directly to your Cadet Unit Commander

Part C: Cadet Unit Commander Recommendation

Panel 15: Notes for Cadet Unit Commander

- a. If the parts A and B are **not** complete, return the application to the applicant.
- b. Ensure the application reaches the appropriate ASO well before application close of date.

Panel 16: Unit Commander’s Recommendation

What priority is this applicant? _____ of _____
(priority of this applicant) (total number of applicants from your unit)

Your recommendations: *(If applicable, please include a brief justification of the above the priority against the other applicants.)*

Return of Investment: *(value of Exchange to individual Cadet Unit or wider NZCF if the applicant is selected)*

- How do you expect the Exchange will change them?
- What do you expect the applicant will provide to the Unit upon their return?

Signed:		Date:	
Name in Full:			
Rank:		Unit:	

Panel 17: Cadet Unit Commander’s Checklist

Have you: *(tick off each task in the below checklist once each task is completed)*

- | | | |
|---------------|---|--------------------------|
| Parts A and B | Checked that the applicant has completed Parts One and Two and the applicant’s checklist has been satisfied? Including: | <input type="checkbox"/> |
| | • Personal details in panels 4 and 5 are cross checked against CadetNet/Unit Records? | <input type="checkbox"/> |
| | • Application signed in panel 13? | <input type="checkbox"/> |
| | • All tasks in panel 14 are complete? | <input type="checkbox"/> |
| Panel 16 | Stated the time you have known the applicant, their time in the Cadet Unit and your suitability assessment? | <input type="checkbox"/> |
| Panel 16 | Completed the signature panel? | <input type="checkbox"/> |
| Panel 17 | Have you checked and completed this checklist fully? | <input type="checkbox"/> |

This completes Part C. Please pass this application directly to the Area Support Officer

Part D: Area Support Officer Endorsement

Panel 18: Area Support Officer Interview:

Select one that applies:

An interview was conducted. → Complete this panel.

An interview was **not** conducted. → State reason why not and then go to Panel 19.

Reason for no interview being conducted:

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Interview Details:

Date:		Others in attendance:	
Location:			

Notes from interview:

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Panel 19: Area Support Officer Recommendation:

Do you recommend the application for the exchange programme?

Yes

No

Please provide reasons for your decision below:

(Include any recommendations are based on prior knowledge of the applicant outside of the interview.)

Signed:		Date:	
Name in Full:			
Rank:		Unit:	

Panel 20: Area Support Officers Checklist

Have you: *(tick off each task in the below checklist once each task is completed)*

- | | | |
|----------------|---|--|
| Parts A, B & C | Checked that the application and been completed in full? Including: | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| | <ul style="list-style-type: none"> • All panels of Part A have been completed? • All panels of Part B have been completed? • All panels of Part C have been completed? | |
| Panel 18 | Conducted the interview or stated why not | <input type="checkbox"/> |
| Panel 19 | Provided your recommendation with justification and completed the signature panel | <input type="checkbox"/> |
| Panel 20 | Have you checked and completed this checklist fully? | <input type="checkbox"/> |

This completes Part D. Please pass this application directly to the S35 (M, L, or A)

Part E: HEADQUARTERS NEW ZEALAND CADET FORCES

Panel 21: S35 (M, L, A) Exchange Officer Action

- Application entered on to spreadsheet
- Cover letter prepared for the S35 (including justifying recommendations)
- Priority order for applicants _____

Signed:		Date:	
Name in Full:			
Rank:		Position:	

Panel 22: S35 International Exchange Officer Recommendation

Your recommendations:

Signed:		Date:	
Name in Full:			
Rank:		Position:	

Panel 23: HQ Ratification

Signed:		Date:	
Name in Full:			
Rank:		Position:	