

RECRUITMENT ACTIVITIES **DECLARATION FORM (OVER 18s)**

PLEASE NOTE: This is the declaration form required from candidates over the age of 18 before they can take part in an event or activities related to the recruitment process (including Outreach Activities and Assessment) to join the Army. It is also used by third parties who are observing and taking part in recruiting events.

THIS FORM IS TO BE COMPLETED IN FULL AND SIGNED BY THE PARTICIPANT BEFORE TAKING PART IN THE EVENT.

ALL DETAILS MUST BE IN BLOCK CAPITALS

PARTICIPANT

FIRST NAME:

SURNAME:

URN:

Address:

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

Contact Telephone Numbers:

Home:.....

Work:.....

Mobile:.....

DIETARY REQUIREMENTS

Please detail any food the applicant is unable to eat for medical or other reasons:

FOOD

REASON

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

EMERGENCY CONTACT DETAILS

Please ensure the contact details you provide are of a suitable person available during the entire duration of the event and who can take responsibility for the participant. If possible, please provide a second contact and the participant's registered Doctor.

First Contact Details

Full name: Relationship:

Address:.....
.....
.....
.....

First Contact Telephone Numbers:

Home:.....
Work:.....
Mobile:.....

Second Contact Details

Full name:

Relationship:.....

Address:.....
.....
.....
.....

Second Contact Telephone Numbers:

Home:.....
Work:.....
Mobile:.....

Registered Doctors Contact Details

Doctors name:..... Surgery Name:.....

Surgery Address:.....
.....
.....
.....

Surgery Telephone Number:.....

You are to read the following questions carefully and sign this form to confirm you have none of the conditions mentioned:

QUESTIONS RELATING TO YOUR MEDICAL HEALTH	
1	Has your doctor ever said that you have a cardiac or heart condition?
2	Has your doctor ever said that you should only do physical activity recommended by a doctor?
3	Does your doctor currently prescribe you drugs (for example water pills) for blood pressure or a heart problem?
4	Do you ever feel pain in your chest when you do physical activity?
5	In the past month, have you had chest pain when you are not doing physical activity?
6	Do you ever feel faint or have spells of dizziness?
7	Do you suffer from shortness of breath at any time or a respiratory condition that would prevent you from doing physical activity?
8	Do you have a current prescription for an inhaler?
9	Do you have any joint problems (Including neck, back & hip) that could be made worse by exercise, including jumping and landing?
10	Are you pregnant or have you given birth in the last 6 months?
11	Do you have a condition requiring medication or are you taking medication that would prevent you from doing physical activity?

Our Declaration:

For your safety and welfare, if any of the above health conditions apply then you will **not** be able to take part in the physical activity/activities. This questionnaire is not, however, part of the application process.

PARTICIPANTS SIGNATURE. I CONFIRM THAT NONE OF THE CONDITIONS ABOVE APPLY TO ME:

Signed

Date

Event/Activity Title (Name / No e.g. Army Awareness Activity):.....

If, between signing this document and you taking part in scheduled activity, your health status changes it is your responsibility to inform your Candidate Support Manager, if possible before travelling to the event.

Your ability to undergo physical activities will be monitored during warm up sessions. If the Instructor determines that, based on his/her assessment, you are not fit to participate you will be refused access to take part in the physical activity/activities.

DECLARATION

I understand that the event may include physically demanding activities such as the 2KM run (plus warm up) a medicine ball throw and a thigh pull.

I am aware that all physical activities are voluntary and are not a part of the assessment process.

I confirm that there are no known medical reasons why I should not participate.

In the event of illness or injury during any of the activities, I authorise the provision of any required medical treatment as deemed necessary by the Service or Civilian medical attendants. Should this happen, my emergency contacts will be notified as soon as possible. I understand that I have the right to decline the offer of medical treatment. With the exception of a Medical Officer, Service Personnel cannot be responsible for administering or supervising the administration of any medication.

I have read and understood the Physical Activity Readiness Questionnaire above and declare that I do not suffer from any of the conditions mentioned or any other condition or injury that would prevent me from taking part in the physical activity/activities.

I acknowledge that photographs may be taken for use in official military publications, including recruiting material. Please tick one box below:

I am happy for photographs to be taken I prefer photographs not to be taken

PARTICIPANTS SIGNATURE

Signed

Date

Event/Activity Title (Name / No e.g. Army Awareness Activity):.....

The Physical Activity Readiness Questionnaire must be reviewed with the participant on day of activity and appropriate action taken if there are any significant changes since originally signed.

Instructor's signature:

Print name:

FOR STAFF USE

Event/Activity Title (Name / No e.g. Army Awareness Activity):.....

The Physical Activity Readiness Questionnaire must be reviewed with the candidate on day of activity and appropriate action taken if there are any significant changes since originally signed.

Instructor's signature:.....

Print name:.....

Date:.....