

## – STAFF CADET APPLICATION –

CSTC location(s) being applied for: <input type="checkbox"/> Quadra <input type="checkbox"/> Vernon <input type="checkbox"/> Albert Head <input type="checkbox"/> RGS (Pac) <input type="checkbox"/> Out of Region						<input type="checkbox"/> Sea <input type="checkbox"/> Army <input type="checkbox"/> Air							
Surname		Given Names		Rank	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Email Address							
Street Address				City		Province	Postal Code						
Home Telephone Number (   )		Social Insurance Number		Provincial Medical Number		Date of Birth							
						Day	Month	Year					
Present Corps/Squadron			Location			Date of Enrollment							
						Day	Month	Year					
Present Position		Time in Position	Phase/Star/ Training Level Completed:		CHAP Training Completed – <input type="checkbox"/> Sensitization <input type="checkbox"/> Leadership								
Cadet Summer Training Centre Desired			Positions Desired										
1		1		2		3							
2		1		2		3							
3		1		2		3							
Dates Available				Will you consider a position at another CSTC?									
From:		To:		<input type="checkbox"/> Yes <input type="checkbox"/> No									
Day	Month	Year	Day						Month	Year			
Are you applying for a Summer Training Course? <input type="checkbox"/> Yes – Specify Course _____ <input type="checkbox"/> No			My preference is: <input type="checkbox"/> Summer Training Course <input type="checkbox"/> Staff Cadet Position			Have you ever been RTUed? <input type="checkbox"/> Yes – attach explanation <input type="checkbox"/> No							
<b>Qualifications</b>													
Languages				Computer Skills –									
Spoken		Written		<input type="checkbox"/> Word		<input type="checkbox"/> Access							
<input type="checkbox"/> English <input type="checkbox"/> French		<input type="checkbox"/> English <input type="checkbox"/> French		<input type="checkbox"/> Excel		<input type="checkbox"/> PowerPoint							
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____									
First Aid		Expiry Date:		Swimming		Life Saving		Expiry Date:		NCCP		Date Qualified:	
<input type="checkbox"/> Emergency <input type="checkbox"/> Standard		Month   Year		Level:		Level:		Month   Year		Level:		Month   Year	
Sailing		Date Qualified:		Marine Engineer		Date Qualified:		Musical Instruments (indicate instrument & level):					
CYA		Month   Year		Certification:		Month   Year							
Level:		Month   Year											
SCOP		Date Qualified:		SCOP		Date Qualified:							
Cert.		Month   Year		Instructor		Month   Year							
Module:		Month   Year		Module:		Month   Year							
Pilot's Licence #			Power Hours:		Gliding Hours:								
Other Qualifications:													

Protected A (when completed)

<b>Sea Cadets</b>		Year		Year		Year		Year
Two Week Gen. Trg			Music TG I			Gunnery TG I		Nat'l Tall Ship Deploy
Sail TG I			Music TG II			Gunnery TG II		HMC Ship Deploy
Sail TG II			Music TG III			Gunnery TG III		Exchange
Sail TG III			Bosn TG I			Marine Eng		Staff Cadet
Silver Sail VI			Bosn TG II			Shipwright		Staff Cadet
			Bosn TG III			Athletic Instructor		Staff Cadet
<b>Army Cadets</b>		Year		Year		Year		Year
Master Cadet			CLI D & C			CLI PE & RT		Adv Band
NCSE			CLI Adventure			CLI Band/P & D		Adv P & D
Gold Star			CLI Rifle Coach			CLCC		Staff Cadet
Other			CLI Marksman			Para		Staff Cadet
			CLI Storesman			Exchange		Staff Cadet
<b>Air Cadets</b>		Year		Year		Year		Year
Basic			Basic Band			Tech - A/C Servicing		Power Pilot
ITSTC			ITRCC			Survival Instructor		ITASC
ITLC			6 wk Band			Athletic Instructor		Staff Cadet
ITIC			SLC			ATC		Staff Cadet
ITPERTC			Tech - Photo			Exchange		Other
ITAC			Tech - Electronics			Glider Pilot		
Date		Signature of Applicant				Service Number (if previously a staff cadet)		
<b>LHQ Commanding Officer Comments and Recommendation (must be completed on this form)</b>								
<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended								
Rank & Name				Home Telephone Number (   )			Work Telephone Number (   )	
Date			Signature					
<b>Elemental Staff Officer 2 Comments and Recommendation</b>								
<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended								
Date		Rank & Name			Signature			
<b>For Staffing Officer use only</b>								
Application Received:				Notes:				
Position:								
Slate:								

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