



Blues 4 Youth - 2016 APPLICATION FORM

PARTICIPANT PERSONAL DETAILS

Full Name														
Gender*	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth	d	d	/	m	m	/	y	y	y	y	Age
ID card no.*	A							Mobile no:							
Who should we contact in case of an Emergency ?															
Name : Relation : Tel :															
Present Address:	House name/apartment no:														
	Street name:														
	Atoll:														
	Island:														

Please paste recent passport size colour photo here

Are you presently attending any School/College? * Tick where appropriate
<input type="checkbox"/> NO <input type="checkbox"/> YES: Name of School/College: Grade:
Have you had any experience in the CadetCorps.
<input type="checkbox"/> Yes, I am currently a Cadet <input type="checkbox"/> Yes, I used to be in the Cadet Corps <input type="checkbox"/> No, I have never been in the Cadet Corps.

PARENT/ GUARDIAN DETAILS

Name										Your relationship to him/her				
ID card no:											Mobile no:					
Address:																
House name/apartment no:																
Street name:																
Atoll:.....																
Island:.....																

GENERAL HEALTH INFORMATION

Do you suffer from any of the following health issues?	
<input type="checkbox"/> Thyroid	<input type="checkbox"/> Sinus
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Allergies
<input type="checkbox"/> Disabilities	<input type="checkbox"/> Seizures
<input type="checkbox"/> Debilitating headache	
* Tick where appropriate	
If you have ticked in any of the box, please specify:	
.....	

DECLARATION BY PARTICIPANT

I confirm that the statements made by me on this form are correct. I understand that if any of the above statements prove to be incorrect the Maldives Police Service reserves the right to withdraw any offer made or cancel any subsequent registration with the Maldives Police Service. In addition if admitted to the Maldives Police Service, I will conform to Institute’s regulations.

OK *Accepted and Agreed*

Name: Date: __/__/____ Signature:

DECLARATION BY PARENT/GUARDIAN

I confirm that the statements made above in this form are correct to the best of my knowledge. I understand that if any of the above statements prove to be incorrect the Maldives Police Service reserves the right to withdraw any offer made or cancel any subsequent registration with the Maldives Police Service.

I give my full consent to participate the above mentioned child who is under my care to join and participate in the Police School Vacation Camp

OK *Accepted and Agreed*

Name: Date: __/__/____ Signature:

List of documents to enclose to this Application Form:

Mandatory documents for all applicants

- A scanned printout /photocopy of ID card or passport of the applicant
- A scanned printout /photocopy of ID card or passport of the guardian
- One recent passport size photo

FOR OFFICE USE ONLY

FORM RECIEVED BY:.....

DATE: __/__/____

SIGNATURE:.....

APPLICATION FORM MUST BE SUBMITTED TO THE NEAREST POLICE STATION (31ST OCTOBER 2016 – 1800HRS)