



Her Majesty's Armed Forces Application to Serve

Photograph

MINISTRY OF DEFENCE

INTRODUCTION

- Completing this form does not commit you in any way to joining the Armed Forces.
- Please read the Application Form Guidance Notes (AFCO Form 5) before you answer the questions. Ask your Armed Forces Careers Adviser (AFCA) if you need clarification. Complete all applicable questions and use the Continuation Sheet at page 7 if you require additional space. Be as accurate and neat as possible.
- Complete the form in your own handwriting in black ink in CAPITALS (except email addresses).
- In accordance with the Data Protection Act 1998, the Ministry of Defence will collect, use, protect and retain the information on the application form in connection with all matters relating to our personnel administration and policies.
- The Armed Forces respect the value of every individual's unique contribution, irrespective of his/her gender, marital status, race, ethnic origin or religious beliefs and without reference to social background or sexual orientation.

SECTION 1 - PERSONAL DETAILS

1.1 Basic Details

| | | | | |
|--|--|---|--|-----|
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Other: | | | |
| Surname / Last Name Family Name <i>note 1</i> | | Surname at birth if different | | |
| First Name(s) | | Preferred First Name | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth <i>note 2</i> dd/mm/yyyy | | Age |

1.2 Address and Contact Details

| | | | | |
|--|-------|---------------|-------|-----|
| Home Address | | | | |
| Town | | County | | |
| Country | | Postcode | | |
| Contact Address <i>if away at school/university/work</i> | | | | |
| Town | | County | | |
| Country | | Postcode | | |
| Contact Address Dates if applicable dd/mm/yyyy | From: | To: | From: | To: |
| | From: | To: | From: | To: |
| Home Phone <i>include Code</i> | | Mobile phone | | |
| Contact Number If different <i>include code</i> | | Email Address | | |

1.3 Service of Interest and Aspirations

note 3

| | | | | |
|---|--|-----------------------------|--|--|
| Service of Interest | <input type="checkbox"/> Royal Navy and Royal Marines <input type="checkbox"/> Army <input type="checkbox"/> Royal Air Force | | | |
| Type of Entry | <input type="checkbox"/> Regular Forces - Full Time <input type="checkbox"/> Reserve or Territorial Forces - Part Time | | | |
| State any particular career or job / branch / trade interest or aspiration | | | | |
| As an Officer - Commissioned Service | <input type="checkbox"/> Yes <input type="checkbox"/> No | Or other specialist area | | |

1.4 Nationality and Residency *note 4*

| | | | |
|---|-----------------------|---|------------------------|
| Nationality | | Nationality at birth <i>If different</i> | |
| Dual Nationality <i>If any</i> | | Town of birth | |
| County of birth | | Country of birth | |
| Have you been resident in the UK or Ireland on a continuous basis for the last 5 years? <i>ignore continuous periods abroad of 28 days or less</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No write the countries and associated dates from mm/yyyy on page 7</i> | |
| Do you have unrestricted right of Residency in the UK or Ireland? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No complete</i> | |
| Visa or Entry Stamp | Issue date dd/mm/yyyy | | Expiry date dd/mm/yyyy |

1.5 Family Background *only complete if you are applying for the RAF*

| | Mother | Father | Stepmother | Stepfather | Spouse/Partner |
|---|--------|--------|------------|------------|----------------|
| Nationality now | | | | | |
| Nationality at birth <i>If different</i> | | | | | |
| Country of birth | | | | | |

SECTION 2 - PERSONAL BACKGROUND**2.1 Initial Medical and Physical Criteria** *notes 5 to 9*

| | |
|---|--|
| Are you confident that you meet the basic medical requirements as listed at Note 7? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Height <i>cm</i> | |
| Weight <i>kg</i> | |
| Can you swim? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Official Use - BMI | |

2.2 Rehabilitation of Offenders Act 1974 and the Criminal Justice and Court Services Act 2000
notes 10 & 11

| | | |
|--|--|--|
| Do you have unspent convictions as defined in the MOD Form 493 Rehabilitation of Offenders Act 1974? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If Yes please speak to your Armed Forces Careers Adviser |
|--|--|--|

2.3 Social History *notes 12 to 18*

| | | |
|--|---|--|
| Do you have any tattoos? <i>note 12</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Do you have any body piercings? <i>note 13</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Do you understand the Armed Forces policy on the misuse of Drugs and Substances? <i>note 14</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Do you have any financial commitments that you would have difficulty repaying if you joined the Armed Forces? <i>note 15</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Have you ever been bankrupt? <i>note 15</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Are you currently under a Care order? <i>note 16</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes | If Yes when does it expire? dd/mm/yyyy |
| Which Local Authority is responsible for the Care Order? | | |
| Have you been under a Care order in the past? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If Yes when did it expire? dd/mm/yyyy |
| What is your marital status? | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Partner | |
| If married or Civil Partnership, the date dd/mm/yyyy | | |
| Does anyone depend on you for money or for help with everyday care? <i>note 17</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes | <i>if Yes complete question below</i> |
| How many adults over 16 years old? | | How many children under 16 years old? |
| What is your religion or belief? <i>note 18</i> | | |

2.4 Driving Licence *note 19*

| | | | |
|---|--|--------------------------------|---|
| Do you hold a driving licence? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If Yes, what type is it? | <input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/> Foreign |
| The categories | | Driver No | Expiry date dd/mm/yyyy |
| Do you have any penalty points? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If Yes, how many? | Date of most recent dd/mm/yyyy |
| Are you currently disqualified? <i>even if you do not hold a licence</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes | If Yes, until when? dd/mm/yyyy | |

2.5 Your Current Situation Please tick the box(es) that indicate your current situation

- Secondary School
 Sixth Form/FE College
 University/HE College
 Post Graduate Studies
 Professional Training
 Apprenticeship
 Day Release
 Gap year
 Full time employment
 Part time employment
 Temporary employment
 Unemployed
 Other

SECTION 3 - EDUCATION, QUALIFICATIONS AND SKILLS note 20

Complete in as much detail as you can

3.1 Secondary level. GCSEs/SCEs, NVQs, Key Skills or equivalent subjects or qualifications that you have achieved or are currently studying. Start with the most recent. *if more space is required write on page 7*

| School/College | | | | Town | |
|-----------------------------------|---------|---|--|---|--|
| Dates attending <i>dd/mm/yyyy</i> | From | | To | | |
| Type <i>GCSE/NVQ etc</i> | Subject | Predicted Grade/Award <i>if applicable</i> | Actual Grade Awarded <i>if applicable</i> | Date <i>to be taken or actually achieved</i> | |
| | | <i>if double science enter double grade</i> | | | |
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| | | | | | |
| Your main exam year <i>yyyy</i> | | For Official Use ALIS points | | | |

3.2. Sixth Form/Further Education. AS and A levels, Highers, International Baccalaureate, GNVQs, BTECs and other advanced level qualifications that you have achieved or are currently studying or intend to study. Start with the most recent. *if more space is required write on page 7*

| School/College | | | | Town | |
|-----------------------------------|---------|---|--|---|--|
| Dates attending <i>dd/mm/yyyy</i> | From | | To | | |
| Type <i>GCSE/NVQ etc</i> | Subject | Predicted Grade/Award <i>if applicable</i> | Actual Grade Awarded <i>if applicable</i> | Date <i>to be taken or actually achieved</i> | |
| | | <i>if double science enter double grade</i> | | | |
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| | | | | | |
| Your main exam year <i>yyyy</i> | | For Official Use UCAS Tariff points | | | |

3.3 Additional Schools, Sixth Forms or Further Education Institutions . Details of any other Secondary School, Sixth Form or Further Education Institution that you have attended full time since the age of 14 years.

| Name | Town/city | Dates attended <i>mm/yyyy</i> | |
|------|-----------|-------------------------------|---------|
| | | Date from | Date to |
| | | | |
| | | | |
| | | | |

3.4 University / College of Higher Education

Are you studying, have you studied or do you intend to study at University/College of Higher Education? Give details of degrees or diplomas you have completed or are currently studying or plan to study.
If more space is required write on Page 7.

No, go to Question 3.6

Yes, continue

Graduated Current Intended

Year of entry

Conditional place

Confirmed place

| Name of Institute | Course | Date <i>mm/yyyy</i> | | Award <i>BSc etc</i> | Class <i>2.1 etc</i> |
|-------------------|--------|---------------------|--------|-------------------------|-------------------------|
| | | Start | Finish | | |
| | | | | | |
| | | | | | |
| | | | | | |

3.5 Post Graduate Studies. Degrees or Diplomas that you have completed, are currently studying or planning to study.

| Name of Institute | Course | Date <i>mm/yyyy</i> | | Award <i>MA, PGCE etc</i> |
|-------------------|--------|---------------------|--------|------------------------------|
| | | Start | Finish | |
| | | | | |
| | | | | |

3.6 Skills, other Qualifications, Apprenticeships or Professional Awards

| Skill/Qualification/Award | Date achieved <i>mm/yyyy</i> |
|---------------------------|------------------------------|
| | |
| | |
| | |

SECTION 4 - CURRENT OR PREVIOUS MILITARY SERVICE OR APPLICATIONS *note 22*

Are you currently serving, or have served, or have made an application to serve in any British or Foreign Forces Regular or Reserve Armed Forces, including university unit or Adult Cadet Instructor?

No, go to Section 5

Yes, complete Section 4

4.1 Current Military Service

| | | | | | |
|----------------------------|--|---|--|------------------------------------|--|
| Service | | Service number <i>UK Forces only</i> | | If Foreign Force which country? | |
| Date joined <i>mm/yyyy</i> | | Engagement Type/ Length of Service | | | |
| Branch/Trade Regt/Corps | | | | Rank/Rating | |
| Present Unit | | | | Address | |
| | | | | Postcode/BFPO | |

4.2 Previous Military Service

| | | | | | |
|----------------------------|--|---|--|---|--|
| Service | | Service number <i>UK Forces only</i> | | If Foreign Force which country? | |
| Date joined <i>mm/yyyy</i> | | Date left <i>mm/yyyy</i> | | Engagement Type/ Length of Service | |
| Last Unit | | | | Category of Discharge | |
| Rank/Rating on Discharge | | | | Do you receive a Pension or Retired pay from your Service? | <input type="checkbox"/> No <input type="checkbox"/> Yes |

4.3 Previous Applications or Selection Boards for Military Service

| | | | | | |
|------------------------------------|--|---|--|----------------------------|--|
| Application date <i>mm/yyyy</i> | | Application place <i>AFCO London etc</i> | | Service and/or Board title | |
| Outcome/Board result | | | | | |
| Reason for not joining | | | | | |

SECTION 5 - REFEREES *notes 23 to 25*

Read the notes carefully and give the details of the referees that we may approach

Referee 1

| | | | | | |
|------------------------|--|----------|--|------------------------------|--|
| Title | | Initials | | Surname | |
| Address | | | | | |
| | | | | Postcode | |
| Tel | | Fax | | Email | |
| Position or occupation | | | | How long have they known you | |

Referee 2

| | | | | | |
|------------------------|--|----------|--|------------------------------|--|
| Title | | Initials | | Surname | |
| Address | | | | | |
| | | | | Postcode | |
| Tel | | Fax | | Email | |
| Position or occupation | | | | How long have they known you | |

SECTION 6 - NATIONAL IDENTITY AND ETHNIC BACKGROUND

The Armed Forces are obliged by law to survey the ethnic mix of each Service, using the categories as defined in the Census 2001 guidelines. This ensures that the policy and practice of equality of opportunity for all personnel and potential entrants continues to be effective.

6.1 National Identity. This is what you think your identity is or what it means to you. *tick ONE box only*

British or Mixed British English Irish Scottish Welsh Other

6.2 Ethnic Background. This is your racial background or origin. *tick ONE box only*

| | | | |
|-------|--|-----------|--|
| Asian | <input type="checkbox"/> Bangladeshi | Chinese | <input type="checkbox"/> Any Chinese |
| | <input type="checkbox"/> Indian | Mixed | <input type="checkbox"/> Asian and White |
| | <input type="checkbox"/> Pakistani | | <input type="checkbox"/> Black African and White |
| | <input type="checkbox"/> Any other Asian | | <input type="checkbox"/> Black Caribbean and White |
| Black | <input type="checkbox"/> African | | <input type="checkbox"/> Any other Mixed Ethnic |
| | <input type="checkbox"/> Caribbean | White | <input type="checkbox"/> Any White |
| | <input type="checkbox"/> Any other Black | Any Other | <input type="checkbox"/> Any other ethnic background |

SECTION 7 - APPLICANT CHECK LIST

Your identity, qualifications and achievements will need to be verified. Take all these original documents and any other documents requested by your AFCA to your next interview.

| Item | Taken ✓ | Verified by AFCA <i>initials</i> | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Army soldier applicants only: Mother's maiden name | | | | | | | | | | | | | | | | | | | | | |
| Do you have a passport? | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | | | | | | | | | | | | | | | |
| If Yes, Passport number | | | | | | | | | | | | | | | | | | | | | |
| If Yes, expiry date <i>dd/mm/yyyy</i> | | | | | | | | | | | | | | | | | | | | | |
| If No, have you applied for one? | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | | | | | | | | | | | | | | | |
| Do you have a UK National Insurance Number? | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | | | | | | | | | | | | | | | |
| If Yes, National Insurance Number | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| If No, have you applied for one? | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | | | | | | | | | | | | | | | |
| Do you have a UK National Health Service Number or NI Health Care Number? | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | | | | | | | | | | | | | | | |
| If Yes, National Health Service Number or NI Health Care Number? | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | |
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| If No, have you applied for one? | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | | | | | | | | | | | | | | | |
| Birth Certificate <i>number or serial number</i> | | | | | | | | | | | | | | | | | | | | | |
| Legal Proof of Name Change <i>if applicable</i> | | | | | | | | | | | | | | | | | | | | | |
| Driving Licence (both parts if appropriate) <i>if you have one</i> | | | | | | | | | | | | | | | | | | | | | |
| List other proof(s) of identity | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Education, Qualification and Skills Certificates – number attached | | | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

Next Steps for Applicant

- Once this form has been cleared you may be asked to complete Supplementary Application Information Forms.
- They are specific to each Service and contain questions that will assist in providing background for interviews, selection centres and boards.
- Do not hesitate to ask your AFCA to clarify or provide further information at any point in the process.

8.2 Parent's or Guardian's Consent. ONLY for those Under 18 years of age and must be completed before any tests, assessments and formal interviews take place.

Please ask one of your parents or guardian to authorise the following statement:

- I declare that the details given by my son, daughter or ward are, to the best of my knowledge, correct.
- I have no objection to this application being forwarded for processing. If this application proceeds, I give consent for my son, daughter or ward to undergo physical and mental tests and assessments, interviews and medical examinations, which may involve time away from home in a service establishment.
- My son, daughter or ward also understands and agrees to follow instructions given to them by Armed Forces Recruiting, Careers and Selection personnel.
- We shall ask for further written consent if your son, daughter or ward is still less than 18 years of age when they are to Enlist.

| | | | | | |
|--|--|---------------------------|--|--|--|
| Signature | | Date <i>dd/mm/yyyy</i> | | Relationship | |
| Title | | First Name | | Surname/Last name/ Family name <i>print</i> | |
| Address <i>if different from home address at Q1.2</i> | | | | | |
| | | | | Postcode | |
| Contact number <i>Include code</i> | | Email | | | |

8.3 Certificate by Civil Employer. ONLY for those applying for the Reserve/Territorial Forces.

Are you, the Applicant, employed by a government department or are you a member of the Civil Police, Fire and Emergency Services or Ambulance Services? No Yes

If Yes, please ask your employer to authorise the statement below:

- There are no objections on grounds of civil employment to the enlistment of the applicant named on the front page of this form into the Reserve or Territorial Forces.
- I/we understand that if the applicant joins the Reserve or Territorial Forces, they may be called out in times of mobilisation leading to war or similar national emergency.

| | | | | | |
|-------------------------|--|-------|--|---------------------------|--|
| Signature | | Title | | Name <i>print</i> | |
| Department or Authority | | | | Date <i>dd/mm/yyyy</i> | |
| Address | | | | | |
| | | | | Postcode | |
| Contact number | | Email | | | |

OFFICIAL USE ONLY

| | | | |
|--|--|-------------------------------|--|
| Proceed | <input type="checkbox"/> Yes <input type="checkbox"/> No | Next visit action to be taken | |
| Date of next visit <i>dd/mm/yyy</i> | | | |
| Special Enlistment actions required | <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason | |
| Decision | <input type="checkbox"/> Pending <input type="checkbox"/> Defer <input type="checkbox"/> Withdraw <input type="checkbox"/> Reject | Reason | |
| Rank | | Name | |
| Date <i>dd/mm/yyyy</i> | | CA Code <i>RN only</i> | |



It is the responsibility of the person(s) receiving the information on this form to adhere to the principles of the Data Protection Act 1998.