



## BRITISH GURKHAS NEPAL (BGN) RECRUITMENT PROCESS - FIT TO ATTEND PHYSICALLY ARDUOUS SELECTION PROCESS PROFORMA

THIS DOCUMENT IS DESIGNED TO CERTIFY THAT AN APPLICANT FOR THE BGN RECRUITMENT PROCESS IS FIT TO ATTEND A PHYSICALLY ARDUOUS SELECTION PROCESS. THE PROFORMA IS TO BE FILLED OUT BY:

- THE APPLICANT (**PARTS 1, 2, 3, 4**). उमेरदवार (**भाग १, २, ३, ४**)।
- THE PARENT/GUARDIAN IF THE APPLICANT IS BELOW 18 YEARS OF AGE (**PART 5**).
- उमेरदवार १८ बरस भन्दा तल भए बाबा,आमा अथवा अभिभावक (**भाग ५**)।
- A DOCTOR LICENCED BY THE NEPAL MEDICAL COUNCIL. MUST INCLUDE DOCTORS STAMP. (**PARTS 6 & 7**).
- नेपाल मोडीकल काउन्सिल बाट ईजाजत पराप्त डाक्टर. डाक्टरको छाप अनीबार्य छ।(**भाग ६, ७**)
- THE SELECTION TEAM ON THE DAY OF REGISTRATION, REGIONAL AND CENTRAL SELECTION (**PARTS 8 & 9**).

WITHOUT THIS COMPLETED PROFORMA, NO APPLICANT CAN ATTEND THE BRITISH GURKHAS NEPAL RECRUIT SELECTION PROCESS FOR EITHER THE GURKHA CONTINGENT SINGAPORE POLICE FORCE OR THE BRITISH ARMY.

ALL DETAILS MUST BE COMPLETED IN BLOCK CAPITALS AND IN BLACK INK

### Part 1

APPLICANT'S DETAILS – MUST BE COMPLETED BY THE APPLICANT:

NAME OF APPLICANT (IN FULL):.....

DATE OF BIRTH:.....

ADDRESS OF APPLICANT:.....

TELEPHONE NUMBER:..... EMAIL:.....

NEPALESE CITIZENSHIP CERTIFICATE NO OF APPLICANT:.....

### Part 2

EMERGENCY CONTACT DETAILS – MUST BE COMPLETED BY THE APPLICANT:

PLEASE ENSURE THE DETAILS YOU PROVIDE ARE OF A SUITABLE ADULT (OVER 18 YEARS OF AGE) WHO CAN TAKE RESPONSIBILITY FOR THE APPLICANT DURING THE RECRUITMENT PROCESS (WHICH MAY REQUIRE OVERNIGHT STAYS BY THE APPLICANT). IF POSSIBLE, PLEASE ALSO PROVIDE A SECOND CONTACT AND THE APPLICANTS REGISTERED DOCTOR.

#### FIRST CONTACT:

DETAILS FULL NAME: .....RELATIONSHIP: .....

TELEPHONE NUMBERS: HOME: ..... MOBILE: .....

ADDRESS: .....

#### SECOND CONTACT:

DETAILS FULL NAME: .....RELATIONSHIP: .....

TELEPHONE NUMBERS: HOME: ..... MOBILE: .....

ADDRESS: .....

**APPLICANTS REGISTERED DOCTOR CONTACT:**

DETAILS FULL NAME: .....

**Part 3**

**APPLICANTS MEDICAL CERTIFICATION – MUST BE COMPLETED BY THE APPLICANT:**

YOU ARE TO READ THE FOLLOWING QUESTIONS AND PROVIDE A YES / NO IN THE TICK BOX PROVIDED:

HAS YOUR DOCTOR EVER SAID THAT YOU HAVE A CARDIAC OR HEART CONDITION?	YES <input type="checkbox"/> NO <input type="checkbox"/>
HAS YOUR DOCTOR EVER SAID THAT YOU SHOULD ONLY DO PHYSICAL ACTIVITY RECOMMENDED BY A DOCTOR?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DOES YOUR DOCTOR CURRENTLY PRESCRIBE YOU DRUGS FOR BLOOD PRESSURE OR A HEART ISSUE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IN THE PAST MONTH, HAVE YOU HAD CHEST PAIN WHEN YOU ARE NOT DOING PHYSICAL ACTIVITY?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU EVER FEEL FAINT OR HAVE SPELLS OF DIZZINESS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU SUFFER FROM SHORTNESS OF BREATH AT ANY TIME OR A RESPIRATORY CONDITION (SUCH AS ASTHMA) THAT PREVENTS YOU FROM DOING PHYSICAL ACTIVITY?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU HAVE A CURRENT PRESCRIPTION FOR AN INHALER?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU HAVE ANY JOINT PROBLEMS (INCLUDING NECK, BACK & HIP) THAT COULD BE MADE WORSE BY EXERCISE, INCLUDING JUMPING AND LANDING?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU HAVE A CONDITION REQUIRING MEDICATION OR ARE YOU TAKING MEDICATION THAT WOULD PREVENT YOU FROM DOING PHYSICAL ACTIVITY?	YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU HAD ANY SURGERY IN THE LAST 3 MONTHS	YES <input type="checkbox"/> NO <input type="checkbox"/>

**BGN DECLARATION:** FOR YOUR SAFETY AND WELFARE, IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS AT PART 4 TO THIS PROFORMA THEN YOU WILL NOT BE ABLE TO TAKE PART IN THE PHYSICAL ACTIVITIES REQUIRED FOR THE BGN RECRUITMENT PROCESS.

IF YOUR HEALTH STATUS CHANGES IT IS YOUR RESPONSIBILITY TO INFORM BGN ACCORDINGLY

**Part 4**

**APPLICANT SELF DECLARATION – MUST BE COMPLETED BY THE APPLICANT:**

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I HAVE NO INJURIES OR ILLNESSES NOT ALREADY DECLARED ON THIS PROFORMA OR TO MY DOCTOR. I AM ABLE TO DO STRENUOUS PHYSICAL ACTIVITY INCLUDING RUNNING FOR 40 MINUTES AND HILL WALKING WITH 10 KG. I BELIEVE I AM PHYSICALLY, DENTALLY AND MENTALLY FIT TO START THE BGN RECRUITMENT PROCESS.

I REALISE THAT ANY INCORRECT STATEMENT OR MATERIAL OMISSION IN THIS FIT TO ATTEND PROFORMA RENDERS ME LIABLE TO TERMINATION FROM THE SELECTION PROCESS OR ANY FUTURE APPLICATIONS.

I ALSO UNDERSTAND THAT BGN HOLDS NO LIABILITY FOR MY ATTENDANCE AND THAT SELECTION IS CARRIED OUT ENTIRELY AT MY OWN RISK.

NAME OF APPLICANT (IN FULL): .....

SIGNATURE:.....DATE:.....

NEPALESE CITIZENSHIP CERTIFICATE NO OF APPLICANT.....

**Part 5**

**PARENT/GUARDIAN CONSENT FOR APPLICANTS BELOW 18 YEARS OF AGE ONLY**

PLEASE NOTE: THIS IS THE CONSENT PROFORMA REQUIRED FOR CANDIDATES BELOW 18 YEARS OF AGE ON THE DATE OF THEIR ARRIVAL FOR REGIONAL SELECTION. TO TAKE PART IN ACTIVITIES RELATED TO THE BGN RECRUITMENT PROCESS (INCLUDING OUTREACH ACTIVITIES; INTERVIEW, AND ASSESSMENTS). THIS IS NOT CONSENT TO JOIN THE BRITISH ARMY OR GURKHA CONTINGENT SINGAPORE POLICE FORCE.

NAME OF APPLICANT (IN FULL): .....  
PARENT / GUARDIAN FULL NAME: ..... RELATIONSHIP: .....  
ADDRESS: .....  
CONTACT TELEPHONE NUMBERS: HOME: ..... MOBILE: .....  
SIGNATURE OF PARENT/GUARDIAN OF THE APPLICANT BELOW 18 YEARS OF AGE:  
SIGNATURE: ..... DATE: .....

**Part 6**

DOCTOR'S DETAILS – MUST BE COMPLETED BY A DOCTOR LICENCED BY THE NEPAL MEDICAL COUNCIL:

NAME OF DOCTOR (IN FULL): .....  
DOCTOR'S NEPALESE MEDICAL COUNCIL NUMBER: .....  
NAME OF CLINIC/HOSPITAL: .....  
ADDRESS OF CLINIC/HOSPITAL: .....  
TELEPHONE NUMBER: ..... EMAIL: .....  
NAME OF APPLICANT: ..... DATE OF BIRTH: .....  
NEPALESE CITIZENSHIP CERTIFICATE NO OF APPLICANT: .....

**Part 7**

CERTIFICATION – MUST BE COMPLETED BY A DOCTOR LICENCED BY THE NEPAL MEDICAL COUNCIL:

I HEREBY CERTIFY THAT THE APPLICANT NAMED ABOVE IS FIT TO UNDERTAKE BRITISH GURKHA PHYSICAL RECRUITMENT ACTIVITY WITHIN THE NEXT 12 MONTHS, INCLUDING THE FOLLOWING ARDUOUS TESTS:

- |   |                                      |
|---|--------------------------------------|
| • OVER ARM HEAVES/CHIN-UPS 12 REPS                          | PLEASE TICK <input type="checkbox"/> |
| • REPEATED LIFT AND CARRY (SHORT) 20KG BURDEN (BEST EFFORT) | PLEASE TICK <input type="checkbox"/> |
| • 800m RUN (BEST EFFORT)                                    | PLEASE TICK <input type="checkbox"/> |
| • JERRYCAN CARRY 2 X 22 KG, 240M (BEST EFFORT)              | PLEASE TICK <input type="checkbox"/> |
| • 2KM RUN (BEST EFFORT)                                     | PLEASE TICK <input type="checkbox"/> |
| • REPEATED LIFT AND CARRY (LONG) 20KG BURDEN (BEST EFFORT)  | PLEASE TICK <input type="checkbox"/> |
| • 5.8KM DOKO CARRY (BEST EFFORT)                            | PLEASE TICK <input type="checkbox"/> |

DATE OF MEDICAL INSPECTION OF THE CANDIDATE: .....

REMARKS (IF ANY): .....

I HEREBY CONFIRM THAT THE APPLICANT HAS BEEN INSTRUCTED THAT IF HE/SHE DEVELOPS ANY MEDICAL CONDITION BETWEEN ANY OF THE PHASES OF THE BRITISH GURKHAS NEPAL RECRUITMENT PROCESS THAT HE/SHE MUST INFORM A MEMBER OF THE BRITISH GURKHAS NEPAL RECRUITMENT TEAM OF THIS MEDICAL CONDITION

NAME OF DOCTOR: .....  
NEPAL MEDICAL COUNCIL NUMBER: .....  
DOCTOR SIGNATURE: ..... DATE: .....