CIVIL DEFENCE ACT, 1948

Application for enrolment as a part-time member of THE CIVIL DEFENCE CORPS

H.O. 108A.

DIVISION

SURNAME (Mr., Mrs. or Miss)
(In Block Capitals)

CHRISTIAN NAMES

ADDRESS

TELEPHONE NUMBER (*if any*)

DATE AND PLACE OF BIRTH

NATIONALITY

OCCUPATION

NATIONAL INSURANCE NUMBER

ARE YOU INSURED AS EMPLOYED, SELF-EMPLOYED OR NON-EMPLOYED? (*State which*)

If you have served as an officer in the Royal Navy or Royal Marines, or are an Army or R.A.F. Officer on the retired, unemployed or emergency list, or a Forces pensioner or a Reservist eligible to apply to join the C.D. Corps, complete the following :

NO. *	RANK OR RATING
NAVAL DEPOT	
ARMY REGT. OR CORPS	
R.A.F. BRANCH OR TRADE	

ARE YOU A MEMBER OF ANY OF THE FOLLOWING ?

H.M. Regular Forces (including the Women's Services)
Territorial or Auxiliary Forces
Regular Reserves
Volunteer Reserves
Royal Observer Corps
Merchant Navy
Police Services
Fire Services
Medical, Nursing or Midwifery Professions
National Hospital Service Reserve
Ambulance Service (whole-time)
Home Guard
Royal Naval Minewatching Service

HAVE YOU ANY PREVIOUS CIVIL DEFENCE SERVICE ?

IF SO, GIVE PARTICULARS, INCLUDING DATES

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HAVE YOU ANY PREFERENCE FOR A PARTICULAR SECTION OF THE CIVIL DEFENCE CORPS ? IF SO, STATE WHICH

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Declaration

I have read the notes on membership and conditions of service.

As far as I know, I am physically fit to render efficient service as a member of the Corps.

If my application is accepted, I am prepared to serve as a part-time member of the Corps, i.e., to undergo the appropriate training, and, in the event of a war emergency occurring while I am a member of the Corps, to carry out my obligations as a member thereof.

I undertake:

(*a*) to carry out my duties in the Civil Defence Corps in accordance with the instructions and orders issued by the authorities and persons duly appointed on behalf of the Crown, and

(*b*) to return, when I cease to be a member of the Corps, any articles of uniform or personal equipment issued to me.

DATE ..... SIGNATURE .....

This form, when completed, should be returned to your Local Council Office or to :

For Official use

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