



The Cayman Islands Regiment

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CI REGIMENT APPLICATION FORM

1. Full Given Name (*stated on Birth Certificate*): _____
First Middle Surname
2. Have you legally changed your name since birth? (*thru Deed Poll/Marriage*) YES NO
If Yes, specify date and previous name: _____
3. Current Physical Address (within the Cayman Islands): _____

4. Primary Phone number: _____ Secondary Phone number _____
5. Primary Email Address: _____ Secondary Email Address: _____
6. Age: _____ Date of Birth (Day-Month-Year): _____
7. Male Female Other Prefer not to say
8. Nationality (at birth): _____
9. Current Nationality: _____
If you are not Caymanian, can you legally reside in the Cayman Islands?
 YES NO
10. Do you have PERMANENT RESIDENCY STATUS as per immigration law? YES NO
11. How long have you resided in the Cayman Islands? _____
12. Have you ever been convicted of a criminal offence, or awaiting trial? YES NO
If yes please provide details: _____
13. Do you have a valid Passport: YES NO



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If YES, Passports Number: _____ Issuing Country: _____

Issue Date: _____ Expiry Date: _____

14. Do you have a valid Cayman Islands Driving License? YES NO

If YES, what class: 1A, 1, 2, 3, or Group 4

Are you qualified to drive any other vehicle other than a car? (e.g. HGV, Boat etc.)

YES NO If Yes, please state: _____

EDUCATION

15. Do you speak any foreign languages to include Sign Language? YES NO

16. Do you have a High School Diploma (or GED equivalent)? YES NO

17. What is your highest level of education earned? (High School, Vocational, College, University, Professional Certification etc)

18. Do you have plans to further your education or live or work overseas at any time during the next 2 years?
YES NO

If YES, Please state dates _____

19. What is your current Trade / Profession (e.g. Dive Master, Carpenter, Electrician, Lawyer)?

20. Do you have military experience (including Cadet Corp)? YES NO

If Yes, state details: _____



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EMPLOYMENT – Most recent employment. Tell us about your current or last role.

21. Are you considering becoming a member, or are already a member of the Emergency Service? (Hazard Management, EMS, Coast Guard, Police Service, Fire Service or Prison Services). YES NO

22. Name of Organisation: _____

Start/End Date: _____ Full /Part/Seasonal? _____

Role/Position: _____

PREVIOUS EMPLOYMENT – Tell us about your roles in the last 10 years.

23. Name of Organisation: _____

Start/End Date: _____ Full /Part/Seasonal? _____

Role/Position: _____

Name of Organisation: _____

Start/End Date: _____ Full /Part/Seasonal? _____

Role/Position: _____

Name of Organisation: _____

Start/End Date: _____ Full /Part/Seasonal? _____

Role/Position: _____

Continue on the additional sheet at the end provided if more space is needed

24. Would you be happy for the CI Regiment to contact your employer for a character reference?

Yes No



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25. Do you have management or leadership experience?

YES

NO

If Yes, give a brief description: _____

26. Would you consider potential Officer Training? YES NO

ADMINISTRATION

27. Are you able to pass a fitness test (20M Beep test above level 5.6)? YES NO

28. Can you swim 200m comfortably? YES NO

29. If YES, are you able to pass a swim assessment comprising of

2 minutes Tread water ? YES NO

100m forward facing swim stroke, without touching the bottom / sides YES NO

Exit the water unassisted: YES NO

ALL while in clothing (Long Sleeve, and light trousers)? YES NO

30. If required, would you be prepared to learn to swim (at your own expense) Yes No

31. Are you willing to train during a given evening and at weekends? Yes No

32. Do you have any travel restrictions to the UK/ USA/ Canada? YES NO

33. Basic Training will involve a 14 day non-residential course in Grand Cayman.

Are you able to attend? YES NO



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34. Do you have any known allergies or serious medical conditions? _____

35. How did you hear that the Cayman Islands Regiment was recruiting?

Facebook Instagram Radio Press Conference Cayman Compass

Cayman News Service Caymanian Times Cayman Marl Road Other

36. What are your hobbies/favourite sports/past time/other interests?

37. Write a short paragraph on why you want to join the Cayman Islands Regiment and what you hope to gain from joining:

38. Is there anything that you would like us to be aware of? _____



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Declaration:

I confirm that the above information is complete and correct to the best of my knowledge, and that any untrue or misleading information that is provided will result in my disqualification for enlistment in the Regiment. I also understand that any offer of enlistment is subject to the Regiment being satisfied with the results of a series of background checks (including references, eligibility to work in the Cayman Islands, criminal convictions, probationary period, if required), and a medical report.

Data Protection statement:

All the information collected in this application is necessary and relevant to the performance of the position applied for. The CIR will use the information provided by you on this form, by any referees you have noted, and educational institutions with whom we may undertake to verify your qualifications with, for recruitment purposes only. The CI Regiment will treat all personal information with the utmost confidentiality and in line with current data protection legislation.

Should you be successful in your application, the information provided, and further information which will be gathered at the relevant time, will be subsequently used for the administration of your employment and in relation to any legal challenge which may be made regarding our recruitment practices..

Name: _____ Signature _____

Date: _____



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Extra lines for answers.



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Cayman Islands Candidate Medical Statement

Name:
D.O.B.:

The purpose of this Medical Questionnaire is to understand your medical health before you enlist in the Cayman Islands Regiment. A positive response to a question does not necessarily disqualify you from joining. Please answer the following questions on your past or present medical history by ticking YES or NO. If you are not sure, answer YES.

Y	N	
		Have you received any professional treatment for any mental health disorder e.g. (PTSD, Schizophrenia) within the past 3 years? If yes, please provide details:-
		Could you be pregnant, or are you attempting to become pregnant?
		Are you presently taking prescription medications? (with the exception of birth control or anti-malarial). If yes, please provide details:-
		Do you currently smoke a pipe, cigars or cigarettes or do you vape?
		Are you currently receiving medical care? If yes, please provide details:-

Have you ever had or do you currently have...

		A skin condition that prevents you from shaving (evidence will be required)?
		A high cholesterol level?
		Asthma, or wheezing with breathing, or wheezing with exercise?
		Frequent or severe attacks of hay fever or allergy?
		Frequent colds, sinusitis or bronchitis?
		Any form of lung disease?
		Pneumothorax (collapsed lung)?

Y	N	
		Other chest diseases or chest surgery?
		Behavioral health, mental or psychological problems (panic attack, fear of closed or open spaces)?
		Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?
		Epilepsy, seizures, convulsions or take medications to prevent them?
		Recurring complicated migraine headaches or take medications to prevent them?
		Blackouts or fainting (full/partial loss of consciousness)?
		Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?
		Dysentery or dehydration requiring medical intervention?
		An inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
		A head injury with loss of consciousness in the past five years?
		Recurrent back problems?
		Back or spinal surgery?
		Diabetes?
		High blood pressure or take medicine to control blood pressure?
		Heart disease?
		A heart attack?
		Angina, heart surgery or blood vessel surgery?
		A family history of heart attack or stroke
		Sinus surgery?
		Ear disease or surgery, hearing loss or problems with balance?
		Recurrent ear problems?
		Sickle cell anemia, bleeding or other blood disorders?
		Hernia?
		Ulcers or ulcer surgery?
		A colostomy or ileostomy?
		Recreational drug use or treatment for, or alcoholism in the past five years?
		Do you have any allergies (food/ bee stings etc). If yes, please provide details:-
		Have you suffered partial or full loss of vision in any eye?
		Do you have any eye conditions?
		Are you colour blind?
		Do you have and kidney or urinary problems?
		Give the name and address of your personal doctor:
		Blood Group (if known):



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Cayman Islands Candidate Medical Statement

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for any failure to disclose any existing or past health condition. I understand that I may be subject to military discipline and or discharge for any existing or past health condition.

Name:

Signature:

Date: