St John Rescue Corps - Malta

A VOLUNTARY ORGANISATION UNDER THE AUSPICES OF THE MOST VENERABLE ORDER OF THE HOSPITAL OF ST JOHN OF JERUSALEM

HEADQUARTERS AND TRAINING SCHOOL FORT MADALENA, MADLIENA



THE INFORMATION PROVIDED WILL ONLY BE USED WITHIN THE ST JOHN RESCUE CORPS. ALL DATA WILL BE TREATED AS CONFIDENTIAL.

COMPLETE USING BLOCK LETTERS

APPICATION DATE	NAME & SURNAME MAIDEN NAME				MALE FEMALE		
AFFIX HERE A RECENT (PASSPORT SIZE) PHOTOGRAPH				TELEPHO	ONE NO:		
OF YOURSELF	SUMMER RESIDENCE						
DATE OF BIRTH (DATE / MONTH / YEAR) /AGE LAST BIRTHDAY					BIRTHDAY		
IDENTITY CARDNO:MOBILE TEL NO:BLOOD TYPE:					OD TYPE:		
PLACE OF BIRTH:NATIONALITY:PASSPORT NO:					`NO:		
SOCIAL STATUS: SINGLE MARRIED WIDOWED SEPARATED DIVORCED ANNULED							
IF YOU HAVE DEP	PENDENT CHILDREN, STATE A	GES					
NAME OF RECENT	SCHOOL, UNIVERSITY, etc.	FROM	ТО	CERTIFICATE DIPLOMA or DEGREE	MAIN SUBJECT OF STUDY		

FROM WHERE/WHOM DID YOU HEAR ABOUT THE CORPS?_____

WHAT ARE YOUR HOBBIES/INTERESTS? _____

WRITE DOWN ANY SKILLS WHICH YOU MIGHT HAVE AND WHICH MIGHT BE BENEFICIAL TO THE CORPS e.g. video editing skills, Photoshop, public relations, welding, carpentry, etc.

HAVE YOU HAD ANY PROBLEMS WITH THE POLICE IN THE PAST OR ARE CURRENTLY INVOLVED IN A CRIMINAL CASE IN COURT OR UNDERGOING PROBATION? IF SO, PLEASE GIVE DETAILS

	SPEAK		WRITE			UNDERSTAND			
LIST KNOWNLANGUAGES	EXCL	WELL	FAIR	EXCL	WELL	FAIR	EXCL	WELL	FAIR

HEIGHT	_MTRS	CM	WEIGHT	KGS		
STATE YOUR	CURRENT HI	EALTH CONDITION:				
STATE ANY S	ERIOUS INJU	RY, ILLNESS OR RECENT OPE	RATIONS:			_
STATE ANY A	LLERGIES Y	OU MIGHT HAVE:				
STATE ANY M	IEDICAL CON	NDITION YOU MIGHT HAVE:_				
DO YOU HAVI	E PROBLEMS	WITH: LEGS HANDS	SIGHT	HEARING	SPEECH	

IN THE SPACE BELOW LIST THE POSITIONS YOU HAVE HELD, SHOWING LAST POSITION FIRST

NAME AND ADDRESS OF EMPLOYER	EMPLOYED		NATURE OF	POSITION HELD AND	
	FROM	ТО	BUSINESS	DUTIES	

IN CASE OF EMERGENCY NOTIFY:					
ON MOBILE NO:	RELATIONSHIP TO APPLICANT:				
NAME OF PARENT OR GUARDIAN (CADET MEMBERS ONLY)					
SIGNATURE OF PARENT OR GUARDIAN (CADET MEMBERS ONLY)					
SIGNED	APPROVED BY				

(APPLICANT)

(OFFICER, SJRC)