

CIVIL DEFENCE ACT, 1948
Application for enrolment as
a part-time member of
THE CIVIL DEFENCE CORPS

.....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