



BRITISH GURKHAS NEPAL (BGN) RECRUITMENT PROCESS – RECRUIT INTAKE 25
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**)
- THE PARENT/GUARDIAN IF THE APPLICANT IS BELOW 18 YEARS OF AGE (**PART 5**)
- A DOCTOR LICENCED BY THE NEPAL MEDICAL COUNCIL. MUST INCLUDE DOCTOR'S STAMP (**PARTS 6 & 7**)
- 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 DETAIL – **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 APPLICANT'S REGISTERED DOCTOR.

FIRST CONTACT:

DETAIL FULL NAME:RELATIONSHIP:.....

TELEPHONE NUMBERS HOME: MOBILE:.....

ADDRESS:.....

SECOND CONTACT:

DETAIL FULL NAME:RELATIONSHIP:.....

TELEPHONE NUMBERS HOME: MOBILE:.....

ADDRESS:.....

OFFICIAL SENSITIVE (WHEN COMPLETED)

APPLICANT'S REGISTERED DOCTOR CONTACT:

DETAILS FULL NAME:.....

Part 3

APPLICANT'S MEDICAL CERTIFICATION – **MUST BE COMPLETED BY THE APPLICANT:**

YOU ARE TO READ THE FOLLOWING QUESTIONS AND PROVIDE A YES/NO IN THE 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 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 PROBLEM (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"/>
DO YOU HAVE ANY ALLERGIES TO ANY FOOD OR MEDICINES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FOR FEMALES ONLY:		
HAVE YOU EVER HAD TO MISS SCHOOL/WORK DUE TO PROBLEMS WITH YOUR PERIODS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOU SUFFER WITH CHRONIC PELVIC OR BREAST PAIN?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS THERE ANY CHANCE YOU COULD BE PREGNANT?	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 ILLNESS 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 RENDER ME LIABLE TO TERMINATION FROM THE SELECTION PROCESS OR ANY FUTURE APPLICATIONS. I ALSO UNDERSTAND THAT BGN HOLDS NO LIABILITY FOR MY ATTENDANCE AND THE SELECTION IS CARRIED OUT ENTIRELY AT MY OWN RISK.

NAME OF APPLICANT (IN FULL):

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

NEPALESE CITIZENSHIP CERTIFICATE NO OF APPLICANT:

OFFICIAL SENSITIVE (WHEN COMPLETED)

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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 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 NUMBER: HOME:..... MOBILE:.....

SIGNATURE OF PARENT/GUARDIAN OF THE APPLICANT BELOW 18 YEARS OF AGE:

SIGNATURE: DATE:.....

Part 6

DOCTOR'S DETAIL – **MUST** BE COMPLETED BY A DOCTOR LICENCED BY NEPAL MEDICAL COUNCIL:

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

DOCTOR'S NEPALSESE MEDICAL COUNCIL NUMBER:

NAME OF CLINIC/HOSPITAL:.....

ADDRESS OF CLINIC/HOSPITAL:.....

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

NAME OF APPLICANT:..... DATE OF BIRTH:.....

NEPALESE CITIZENSHIP CERTIFICATE NUMBER 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:

- | | |
|--|--------------------------------------|
| • 800M RUN ²⁵ BEST EFFORT ²⁶ | PLEASE TICK <input type="checkbox"/> |
| • HEAVES/CHIN-UP BEST EFFORT | PLEASE TICK <input type="checkbox"/> |
| • LIFTING A 20KG BAG BEST EFFORT | PLEASE TICK <input type="checkbox"/> |

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

REMARKS (IF ANY):.....

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

NAME OF DOCTOR:.....

NEPAL MEDICAL COUNCIL NUMBER:

DOCTOR'S SIGNATURE:..... DATE:.....

²⁵ THE 800M RUN IS THE MOST PHYSICALLY DEMANDING ACTIVITY IN THE SELECTION RECRUITMENT PROCESS.

²⁶ BEST EFFORT – A PERSON'S HIGHEST DEGREE OF EXERTION EXPENDED FOR SPECIFIED PHYSICAL TEST.

OFFICIAL SENSITIVE (WHEN COMPLETED)