



BRITISH GURKHAS NEPAL (BGN) RECRUITMENT PROCESS – RECRUIT INTAKE 20 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). उमेरदवार (भाग १, २, ३, ४)।
- THE PARENT/GUARDIAN IF THE APPLICANT IS BELOW 18 YEARS OF AGE (PART 5).
- उमेरदवार १८ बरस भन्दा तल भए बाबा,आमा अथवा अभिभावक (भाग ५)।
- A DOCTOR LICENCED BY THE NEPAL MEDICAL COUNCIL. MUST INCLUDE DOCTORS STAMP. (PARTS 6 & 7).
- नेपाल मोडीकल काउन्सिल बाट ईजाजत पराप्त डाक्टर. डाक्टरको छाप अनीबार्य छ।(भाग ६, ७)
- THE SELECTION TEAM ON THE DAY OF REGIONAL SELECTION (PARTS 8 & 9).
- क्षेत्रिय छनौट कर्ताले छनौटको दिन (भाग ८, ९)।

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 DETAILS – 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 APPLICANTS REGISTERED DOCTOR.

FIRST CONTACT:

DETAILS FULL NAME:RELATIONSHIP:
TELEPHONE NUMBERS: HOME: MOBILE:
ADDRESS:

SECOND CONTACT:

DETAILS FULL NAME:RELATIONSHIP:
TELEPHONE NUMBERS: HOME: MOBILE:
ADDRESS:

APPLICANTS REGISTERED DOCTOR CONTACT:

DETAILS FULL NAME:

Part 3

APPLICANTS MEDICAL CERTIFICATION – MUST BE COMPLETED BY THE APPLICANT:

YOU ARE TO READ THE FOLLOWING QUESTIONS AND PROVIDE A YES / NO IN THE TICK 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 A 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 PROBLEMS (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"/>
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 ILLNESSES 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 RENDERS ME LIABLE TO TERMINATION FROM THE SELECTION PROCESS OR ANY FUTURE APPLICATIONS.

I ALSO UNDERSTAND THAT BGN HOLDS NO LIABILITY FOR MY ATTENDANCE AND THAT SELECTION IS CARRIED OUT ENTIRELY AT MY OWN RISK.

NAME OF APPLICANT (IN FULL):

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

NEPALESE CITIZENSHIP CERTIFICATE NO OF APPLICANT.....



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 ON THE DATE OF THEIR ARRIVAL FOR REGIONAL SELECTION. 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 NUMBERS: HOME: MOBILE:

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

Part 6

DOCTOR'S DETAILS – MUST BE COMPLETED BY A DOCTOR LICENCED BY THE NEPAL MEDICAL COUNCIL:

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

DOCTOR'S NEPALESE MEDICAL COUNCIL NUMBER:.....

NAME OF CLINIC/HOSPITAL:

ADDRESS OF CLINIC/HOSPITAL:

TELEPHONE NUMBER: EMAIL:

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

NEPALESE CITIZENSHIP CERTIFICATE NO 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 RUN¹ BEST EFFORT² PLEASE TICK
- HEAVES/CHIN-UPS BEST EFFORT PLEASE TICK
- REPEATED LIFT AND CARRY 20KG BURDEN BEST EFFORT PLEASE TICK
- 4KG MEDICINE BALL THROW BEST EFFORT PLEASE TICK
- MID-THIGH PULL BEST EFFORT PLEASE TICK

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

REMARKS (IF ANY):.....

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

NAME OF DOCTOR:.....

NEPAL MEDICAL COUNCIL NUMBER:.....

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

¹ THE 800M RUN IS THE MOST PHYSICALLY DEMANDING ACTIVITY IN THE SELECTION RECRUITMENT PROCESS.

² BEST EFFORT – A PERSONS HIGHEST DEGREE OF EXERTION EXPENDED FOR A SPECIFIED PHYSICAL TEST.

THIS SECTION TO BE COMPLETED BY BGN RECRUITING STAFF ONLY

TO BE COMPLETED ON DAY OF ATTENDANCE AT REGIONAL SELECTION ONLY

TO BE HELD IN THE MEDICAL CENTRE ONCE COMPLETED – MEDICAL IN CONFIDENCE ONCE COMPLETED

Part 8

DECLARATIONS – MUST BE COMPLETED BY REGIONAL SELECTION MEDICAL ASSISTANT WITH APPLICANT

I DECLARE THAT THERE HAS BEEN NO CHANGE SINCE MY MEDICAL TO THE INFORMATION I HAVE GIVEN ABOVE.

I CONSENT TO THE SHARING OF MY MEDICAL INFORMATION BELOW WITH THE SENIOR RECRUITING OFFICER FOR STATISTICAL PURPOSES, IN ORDER TO GUIDE AND INFORM FUTURE PROCESSES.

NAME OF APPLICANT (IN FULL):

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

NEPALESE CITIZENSHIP CERTIFICATE NO OF APPLICANT.....

I HEREBY CERTIFY THAT I HAVE REVIEWED THE MEDICAL PROFORMA DETAILS, AND THE APPLICANT NAMED ABOVE IS ABLE TO UNDERTAKE BRITISH GURKHA RECRUITMENT ACTIVITY WITHIN CURRENT POLICIES

NAME OF MEDICAL ASSISTANT:.....

NMC / SERVICE NUMBER:.....

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

Part 9

RESULTS – TO BE COMPLETED BY MEDICAL STAFF ONLY. MEDICAL IN CONFIDENCE ONCE COMPLETE

TEST	PERMITTED RANGE	RESULT	PASS / YELLOW / FAIL	SIGN
HEIGHT	[OVER 158CM MALE] [OVER ??? CM FEMALE]	STANDARD TBC		
WEIGHT	[SEE BMI]			
BODY MASS INDEX	[18 – 28]			
BLOOD PRESSURE	[BELOW 140/90]			
HEART RATE	[35 – 100]			
PEAK FLOW RATE	[SEE CHART]			
SKIN CHECK	[SEE POLICY]			
DENTAL CHECK	[SEE POLICY]			
EARS CHECK	[MUST BE CLEAR]			
VISUAL ACUITY	[6/6 RIGHT, 6/9 LEFT]	STANDARD TBC		
COLOUR PERCEPTION	[2]	STANDARD TBC		
FUNCTIONAL MOVEMENT	[MUST BE CLEAR]			

Peak Expiratory Flow Rate		Height (m)				
		Up to 1.60	1.61 – 1.67	1.68 – 1.75	1.76 – 1.83	Over 1.84
Male 15-20yrs	Normal	540	555	571	586	598
	80% cut-off	432	444	457	469	478

Peak Expiratory Flow Rate		Height (m)				
		Up to 1.52	1.53 – 1.60	1.61 – 1.67	1.68 – 1.75	Over 1.76
Female 15-20yrs	Normal	409	419	428	437	445
	80% cut-off	327	335	342	350	356