APPLICATION TO UNDERTAKE MILITARY SERVICE PURSUANT TO SECTION 26 OF THE DEFENCE ACT 1903

FOR FINANCIAL YEAR – FY /

SPONSOR UNIT/FMN/DIV/GP DETAILS

I understand that the soldier/officer MUST NOT be employed in any capacity prior to written advice being received at the employing unit from CM-A informing that the undertaking has been accepted and signed by the Delegate.

Task Sponsor

<table>
<thead>
<tr>
<th>Rank</th>
<th>Initials</th>
<th>Surname</th>
<th>Appointment</th>
<th>Unit</th>
<th>Location</th>
</tr>
</thead>
</table>

Comments:

…………………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………………

Sponsor Unit POC: Email Address:
Telephone:

TASK DETAILS

Task Title

Task Description/ Duty Statement:

Number of Days Requested for this task (within current Financial Year) | Requested Start Date of Task

Note: DA26 is approved for a given Financial Year (FY)

Note: a minimum of 21 working days notice is required for processing prior to commencement date.

ARTS Funding available - Y / N
**DETAILS OF RESERVE MEMBER IDENTIFIED TO UNDERTAKE TASK**

<table>
<thead>
<tr>
<th>Reserve Member Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rank</td>
</tr>
<tr>
<td>Contact number</td>
</tr>
</tbody>
</table>

I acknowledge and understand that **I MUST NOT** be employed in any capacity prior to written advice being received from CM-A

Standby Reserve (SERCAT 2 or 3) Member Signature: ____________________ Date: ______________

**Medical Requirements**

<table>
<thead>
<tr>
<th>Reserve Member's Last AHA/CPHE date</th>
<th>Employment Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: / / MEC: ________________</td>
<td>No [ ] Yes [ ]</td>
</tr>
</tbody>
</table>

(Nota: Must be within 5 years of DA 26 commencement date and be accompanied by an AD424-1 Reserve Annual Health Declaration).

<table>
<thead>
<tr>
<th>Employment Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes list restrictions:</td>
</tr>
</tbody>
</table>

**Sponsor Unit Point of Contact to complete prior to submission to CM-A**

<table>
<thead>
<tr>
<th>APN or DA26 specific APN member to be posted against</th>
<th>Does a DA26 specific APN need to be created for the unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes / No</td>
<td></td>
</tr>
</tbody>
</table>

I acknowledge the need to monitor the member’s MEC status to ensure that it remains current for the period covered by this application. [ ] ______________ (Initial)

I acknowledge and understand the member must be employed within their medical restrictions. [ ] ______________ (Initial)

I acknowledge and understand that the soldier/officer **MUST NOT** be employed in any capacity prior to written advice being received at the employing unit from CM-A informing that the undertaking has been accepted and signed by the Delegate. [ ] ______________ (Initial)

I acknowledge and understand this unit is responsible for the member administration during their work on this task. [ ] ______________ (Initial)

**Comments**

-------------------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------------------------------------

<table>
<thead>
<tr>
<th>Surname</th>
<th>Rank/Position</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>