

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

**FOR FINANCIAL YEAR – FY /**

<b>SPONSOR UNIT/FMN/DIV/GP DETAILS</b>					
<p>I understand that the soldier/officer <b><u>MUST NOT</u></b> 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.</p>					
<b>Task Sponsor</b>					
Rank	Initials	Surname	Appointment	Unit	Location
<b>Comments:</b>					
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>					
<b>Sponsor Unit POC:</b>		<b>Email Address:</b>			
<b>Telephone:</b>					
<b>TASK DETAILS</b>					
<b>Task Title</b>					
<b>Task Description/ Duty Statement:</b>					
<b>Number of Days Requested for this task (within current Financial Year)</b>			<b>Requested Start Date of Task</b>		
Note: DA26 is approved for a given Financial Year (FY)			Note: a <b>minimum</b> of 21 working days notice is required for processing prior to commencement date.		
<b>ARTS Funding available - Y / N</b>					

DETAILS OF RESERVE MEMBER IDENTIFIED TO UNDERTAKE TASK				
<b>Reserve Member Details</b>				
Rank	First Name	Surname	PMKeyS ID	Category/Mustering/ ECN
Contact number		Home Address		
I acknowledge and understand that I <b><u>MUST NOT</u></b> be employed in any capacity prior to written advice being received from CM-A				
Standby Reserve (SERCAT 2 or 3) Member Signature:				Date:
<b>Medical Requirements</b>				
<b>Reserve Member’s Last AHA/CPHE date</b>			<b>Employment Restrictions</b> No <input type="checkbox"/> Yes <input type="checkbox"/>	
Date:   /   /   MEC: _____			If Yes list restrictions:	
<i>(Note: Must be within 5 years of DA 26 commencement date and be accompanied by an AD424-1 Reserve Annual Health Declaration).</i>				
<b>Sponsor Unit Point of Contact to complete prior to submission to CM-A</b>				
APN or DA26 specific APN member to be posted against			Does a DA26 specific APN need to be created for the unit	
			<b>Yes / No</b>	
I acknowledge the need to monitor the member’s MEC status to ensure that it remains current for the period covered by this application. <input type="checkbox"/> _____ (Initial)				
I acknowledge and understand the member must be employed within their medical restrictions. <input type="checkbox"/> _____ (Initial)				
I acknowledge and understand that the soldier/officer <b><u>MUST NOT</u></b> 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. <input type="checkbox"/> _____ (Initial)				
I acknowledge and understand this unit is responsible for the member administration during their work on this task. <input type="checkbox"/> _____ (Initial)				
<b>Comments</b>				
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Surname	Rank/Position	Signature	Date	