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Title: McEwan, Andrew; age 26; address - Coledale NSW

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Original
Duplicate

Application to Enlist in the Australian Imperial Force

To the Recruiting Officer

(OFFICIAL STAMP.)

at **VICTORIA BARRACKS**

I, Andrew McEwan

hereby offer myself for Enlistment in the Australian Imperial Force for Active Service Abroad, and undertake to enlist in the manner described, if I am accepted by the Military Authorities, within one month from date hereof.

POSTAL ADDRESS.

Coledale
South Coast

Signature Andrew McEwan

Occupation Labourer

Date 10 Oct 1916

(For Identification purposes the above space should be filled in personally by the Applicant).

CONSENT OF PARENTS OR GUARDIANS. (For persons under 21 years of Age)

I HEREBY CERTIFY that I approve of the above application, and consent to the enlistment of my $\left\{ \begin{array}{l} \text{son} \\ \text{ward} \end{array} \right\}$ for Active Service Abroad.

Statement regarding Death or Absence of either or both parents.

Father's Signature

Mother's Signature

or

Guardian's Signature

PERSONAL PARTICULARS.

Age 26 yrs 4 mos. Height 5 ft. 3 ins.

Chest Measurement (fully expanded) -

Married: Widower: Single:

..... inches

PRELIMINARY MEDICAL EXAMINATION.

Decision of Medical Authority $\left\{ \begin{array}{l} \text{FIT for Active Service.} \\ \text{UNFIT for the following reasons :-} \end{array} \right.$

Deliques left Foot

VICTORIA BARRACKS

Place

10 OCT 1916

Date

Signature of Medical Authority.

I Concur

VICTORIA BARRACKS

Place

10 OCT 1916

Date

Coledale Capt. A.A.M.
Signature of M.O. at Central Recruiting Depot.

CERTIFICATE OF RECRUITING OFFICER.

I CERTIFY that I have this day provisionally $\left\{ \begin{array}{l} \text{Accepted} \\ \text{Rejected} \end{array} \right.$ this applicant for enlistment in the Australian Imperial Force.

VICTORIA BARRACKS

Place

Signature A. Anderson

Returning Officer.

Date 10 OCT 1916

(OVER)

INSTRUCTIONS.

(1) Application forms received by Recruiting Officers will not be handed back again to applicants but will be passed direct to the Medical Practitioner, who will similarly return them to the Recruiting Officer, who will then forward them by post to the Officer in Charge of the Central Recruiting Depot to which recruits are instructed by them to report.

(2) If an Applicant who has been rejected desires a copy of this certificate, it must be completed in duplicate at the time of Medical Examination, and the word "original," or "duplicate," as the case may be, will appear on top of the respective forms. Both copies will be forwarded to the Officer in Charge of the Central Recruiting Depot, where the duplicate will be impressed with the official stamp and then returned to the applicant.

(3) Copies will NOT be made of any certificates of acceptance. The word "Duplicate" will be struck out of such certificates, and they will be sent to the Officer in Charge of the Central Recruiting Depot by post.

(4) Names of accepted applicants who do not report at Central Recruiting Depot within the prescribed time will be forwarded to the Local Recruiting Officer for information.

(5) When alternatives are shown on the front of the form such as :—

Fit Unfit	Son Ward	Married Widower Single	Duplicate Original
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 strike out the words which are not applicable.

(6) Only those persons who fulfil the requirements in all other respects will be examined regarding medical fitness. These requirements may be ascertained by reference to daily newspapers and official posters.

(7) The Central Recruiting Depot to which accepted applicants from various places will be sent for final medical examination will be determined by District Commandants. Recruiting officers at outlying places will require to issue clear instructions to such applicants, informing them where and when to report, and will forward the application forms in time to ensure that they will be in the hands of the Officer in Charge of the Central Recruiting Depot when the Recruit reports for enlistment.

Statement regarding Date of Absence of either or both parents.

Quartermaster's Signature

PERSONAL PARTICULARS

Age	____ yrs	mos	Height	____ ins	____
Married	____	Widower	____	Single	____
Chest Measurement (fully expanded)		____ inches			

PRELIMINARY MEDICAL EXAMINATION

Decision of Medical Authority (FIT for Active Service or UNFIT for the following reasons:—

Signature of Medical Authority

CERTIFICATE OF RECRUITING OFFICER

I hereby certify that I have this day provisionally accepted this applicant for enlistment in the _____

Recruiting Officer

Spaces for identification by means of handwriting.