

**MEMBER'S STATEMENT OF AVAILABILITY FOR DEPLOYMENT**

**Rank.....Init.....Name.....Number.....Cat/Must.....**

All members are to complete this section

Please tick one selection

I am available to deploy with 28 days Notice to Move (NTM). (a)

Or

I am not available to deploy with 28 days NTM but will be by.....

[Insert date]

Or

I am permanently not available for deployment.

Please tick one selection

I certify that I am not receiving and have not received during the past 12 months medical or dental attention outside the ADF system.

Or

I am receiving, or have received within the last 12 months, medical and/or dental attention outside the ADF system and the treatment will conclude on..... (a)

[Insert date]

.....

**Member's Signature**

**Date**

.....

**Witness Signature**

**Date**

.....

**Witness (Part 2/3 Assessor) Rank, Name, Employee I.D.**

**Note**

(a) ADF Personnel who indicate that they have received or will receive health care outside the ADF system are to have their deployment medical fitness status confirmed by an ADF employed MO.