



Pathways to Service

Canada & Bermuda Territory



PH2 Phase 2 Application Process Checklist

For Administrative Use Only		
Applicant Name		File Number
	<i>First Middle Last</i>	
Corps		Division

For Corps Officers

This is the Phase 2 checklist for completion and submission. The form should be completed electronically; attachments should be scanned, and the package of information sent by email to the divisional secretary for candidates.

Upon review and approval of Phase 2 forms, the territorial secretary for candidates will authorize advancement to Phase 3.

Thank you for your time and effort.

Sincerely,

Territorial Secretary for Candidates

Completed Documents Attached to This Submission			
Request for Assessment (PH2-01)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health History and Medical Report (PH2-02B)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Children's Medical Report (PH2-03)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dental Report (PH2-04)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corps Officer Appraisal (PH2-05)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corps Ministry Board Appraisal (PH2-06)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Undertakings (PH2-07)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Orders & Regulations for Officers – Marriage and Adoption (PH2-08)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Budget (PH2-09)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Debt Assessment (PH2-09A)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Application for Student Loan Bursary – Candidates with Student Loans (PH2-09C)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Application for Service Bursary (PH02-09D)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Application for Corps Cadet/Cross Zone Scholarship (PH2-09E)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer Reference (PH2-10)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corps Officer			
	<i>Rank First Initial Last</i>	<i>Signature</i>	<i>dd-mm-yyyy</i>