



31 ARMY CADET UNIT
34 Army Cadet Battalion – Victoria AAC Brigade

DISCHARGE FORM

(FOR INTERNAL USE ONLY)



Cadet Number: _____ Rank: _____

Surname: _____

Given Name: _____

Platoon: _____ Section: _____

Reason for discharge: _____

Where you satisfied with:

Quality of training: YES / NO

Interest of training: YES / NO

Personnel: YES / NO

Environment: YES / NO

Time demand: YES / NO

Signatures

Cadet: _____ (Date: _____ / _____ / _____)

Section Commander: _____

Platoon Commander: _____

Q-Store: _____ (Date: _____ / _____ / _____)

Unit OC: _____ (Date: _____ / _____ / _____)

Routine Order Number: _____

Date (of RO): _____ / _____ / _____

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