

Activity Consent Form – Cadet

Activity Remembrance Parade		Location Lancaster City Centre		Date From 14/11/21	Date To 14/11/21
Rank	Surname	Forename(s)		Date of Birth	Gender
ATC / CCF Unit Ripley St Thomas Academy		ATC Wing / CCF Area SCOTNINE		Nationality	
Religion	Special Religious Needs			DBS/Disclosure Scotland/Access NI Clearance Number (if cadet is over 18 before final day of activity)	
Dietary Requirements					

Next of Kin	Relationship		Alternative contact details during activity (if different)
Home Address (incl. Postcode)	Home Telephone	Mobile Telephone	
	Email		

<p>Cadets who are eligible for free school meals are exempted from paying cadet charges (including for food) when involved in activities with a residential element. JSP 456, Vol 2, Chap 14 refers. However for all other activities food charges will still apply. If you wish to claim exemption please quote your national insurance number in the box provided to the right and sign below it.</p>	National Insurance Number (see left)									
	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <p>Signature: _____</p>									

NHS Number	Doctor's Surgery / Practice
Doctor's Name	Doctor's Address (including Postcode)
Doctor's Telephone Number	

<p>Health Questionnaires</p> <p>If you currently, or have ever, suffered from any of the conditions listed below you are to complete a TG Form 23 for EACH condition. Allergies, asthma, behavioural problems, blackouts, chest conditions, diabetes, ear or sinus problems, epilepsy, fainting, headaches, heart conditions, muscular/skeletal problems, vision problems, any previous major illness, any previous major injury, any condition not listed above. If travelling overseas a TG Form 23 is to be completed in respect of any ongoing conditions experienced in the preceding 12 months.</p>	<p>Number of TG Form 23s completed:</p> <p>(one form for each condition)</p>
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<p>Data Protection Act</p> <p>DPA 2018. This form contains personal data as defined by the DPA 2018. The RAFAC will protect the personal data provided and ensure that it is not passed to anyone who is not authorised to see it. The information provided will be processed in accordance with the regulations contained in the Act and the RAFAC privacy notice which is available at the links below: https://www.raf.mod.uk/aircadets/the-hangar/staff-resources/ RAFAC Privacy Notice Cadet RAFAC Privacy Notice CFAV</p>
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<p>Declaration</p> <p>I understand that I/my son/daughter/ward should arrive at the activity sufficiently prepared and physically fit to take a full part in the activity. In all cases, it should be noted that RAFAC's legal responsibility for cadets begins on arrival at an activity or when met by RAFAC staff, eg at a rail station or RAFAC transport pick up point where the vehicle is driven by RAFAC staff under the terms of 'business use'. As such, it should be noted that it is parental/carers' responsibility to ensure that any joining travel arrangements are considered safe and that the proposed journey is within the abilities of the cadet involved. I have declared all medical matters that may affect participation. I will inform the officer in charge of any additional medical matter that may occur after signing this form. The names given above are the cadet's legal names.</p>
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<p>Cadet below the age of 18:</p> <p>I give full consent to the above named cadet to attend the activity detailed above. I understand that he/she will be subject to RAF Air Cadets care and discipline and must conform to appearance standards required. Permission is given to participate in all appropriate activities.</p> <p>Name in BLOCK Letters (parent / guardian):</p> <p>_____</p> <p>Signature: _____ Date: 16 / 09 / 21</p>	<p>Cadet age 18 or above (at date of signature):</p> <p>I understand that I will be subject to RAF Air Cadets care and discipline and must conform to appearance standards required. I wish to participate in all appropriate activities.</p> <p>Name in BLOCK Letters (cadet if aged 18 when signing):</p> <p>_____</p> <p>Signature: _____ Date: ___ / ___ / ___</p>
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