

Activity Consent Form – Cadet

Activity		Location	Date From	Date To
Rank	Surname	Forename(s)		Date of Birth
ATC / CCF Unit		ATC Wing / CCF Area		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		

Income Support / Job Seekers Allowance / Family Credit If you are in receipt of income support, contribution-based job seekers allowance or family credit you do not have to pay food charge at RAF station camps and adventure training centres. 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.	National Insurance Number (see left) <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table> Signature: _____								

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

Health Questionnaires 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.	Number of TG Form 23s completed: (one form for each condition)
--	---

Data Protection Act 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

Declaration 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. I have declared all medical matters that may affect my 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.	
Cadet below the age of 18: I give full consent to the above named cadet to attend the activity detailed above. I understand that he/she will be subject to Air Cadets care and discipline and must conform to appearance standards required. Permission is given to participate in all appropriate activities. Name in BLOCK Letters (parent / guardian): _____ Signature: _____ Date: ___ / ___ / ___	Cadet age 18 or above (at date of signature): I understand that I will be subject to Air Cadets care and discipline and must conform to appearance standards required. I wish to participate in all appropriate activities. Name in BLOCK Letters (cadet if aged 18 when signing): _____ Signature: _____ Date: ___ / ___ / ___