

ACF 13AS (ADULT STAFF)**PERSONAL DETAILS AND CERTIFICATE OF HEALTH**

Surname		Forenames
Rank	Service Number	ATC Sqn/ CCF Unit

NEXT OF KIN/PERSON TO CONTACT

Name	Relationship
Address	Telephone No
Post Code	
Contact address and telephone no during camp period(if different from above)	

I have volunteered to attend camp at

RAF _____ from _____ to _____

I certify that I am fit to participate in supervisory duties at camp and to take part in what may be strenuous pursuits. I will advise my Wing Administrative Officer if I have contact with any infectious diseases in the 3 weeks prior to camp.

The information contained in this document is classified as sensitive personal information and is subject to the provisions of the Data protection Act 1998. It is necessary for such information to be retained for legal reasons. Only such data as is relevant to your attendance at the camp will be used/retained. Signing below indicates your consent for us to use and retain such data. You have the right under the Data Protection Act 1998 to request access to any personal information we hold about you.

Date _____ Signed _____

REGARDLESS OF YOUR MEDICAL CONDITION YOU ARE REQUIRED TO COMPLETE AND SIGN THE CERTIFICATE OF HEALTH OVERLEAF

ACF 13AC (ADULT CADET)

CONSENT FORM AND CERTIFICATE OF HEALTH

To be completed fully by the cadet aged 18 years or over.

Cadet's Surname:			Forenames:
Rank:	Male/Female	Ident No (CWO only):	ATC Sqn/ CCF Unit:
Date of Birth:			Religion:
Next of Kin/ Person to Contact:			Relationship:
Home Address:			Telephone No:

Post Code

CERTIFICATE OF HEALTH

Surname: _____ Forenames: _____

If you suffer or have suffered from any of the following problems circle “YES” and add as much information as possible (you may attach the information in a separate envelope if you so wish but this form must be completed and signed). If none, circle “NO”.

Chest and Heart Conditions: Other than mild chest infections, a chest or heart condition may be significant: this includes any history of asthma, bronchitis or wheezing Note: Asthma sufferers are to complete Asthmatic Medical and Consent forms (ACP 237 Chap 4 Ann E) available from Wg HQ.	YES	NO
Epilepsy:	YES	NO
Any Loss of Consciousness or Blackouts: This includes any history of fainting episodes	YES	NO
Ear or Sinus Problems:	YES	NO
Diabetes:	YES	NO
Severe Headaches:	YES	NO
Any Other Major Illness or Injury:	YES	NO
Any Condition Requiring Regular Prescribed Medication:	YES	NO
Any Condition Requiring Regular Care, Doctor or Hospital Specialist:	YES	NO
Any Other Disability: (if YES give details)	YES	NO
Are you taking tablets or medicines?: If YES, specify:	YES	NO
Do you have any known Allergies?: If YES, specify:	YES	NO
Do you have any Diet Restrictions or Special Food needs?: If YES, specify:	YES	NO

DETAILS OF YOUR DOCTOR

NAME: _____

ADDRESS: _____

POSTCODE: _____ TELEPHONE NUMBER: _____

Date: _____ Signed: _____

(NAME IN BLOCK CAPITALS) _____

ACF 13AC – NOTES

1. You are to be in possession of one suitcase or holdall and a small flight case which must be properly and securely labelled. Uniform as issued (including light and dark blue shirts, Jeltex jacket, black tie, and pullover) thick socks, stout shoes or boots (and a spare pair if possible) and the following additional items should be taken to camp. All clothing should be clearly marked with your name:

- * Coveralls (flying and outdoor exercises)
- Overcoat or raincoat
- Smart civilian casual clothes
- PT Shorts, vest or sports shirt, training shoes (non-making soles)
- Shirts, pyjamas, vests, socks, handkerchiefs
- Towels, swimming costume
- Toothbrush, soap, hairbrush, comb
- Cleaning materials, boot polish
- Needle and thread, buttons
- Small padlock and key

- * Note 1: Overseas Camps - KD is no longer issued.
- 2: Combats or Greens are **NOT** to be taken to overseas camps.

You may wish to take writing materials, shaving mirror, plus electric torch for tented camps.

2. You are to wear sensible civilian clothes - no garish T-shirts or ripped jeans - when off duty and when travelling to and from the host station.

3. The following details are to be inserted by you when notified by your CO:

- a. Date/Time for assembly for travel to camp is _____
- b. Assembly point for travel to camp is _____
- c. The adult staff member he/she reports to is _____
- d. Adventurous type exercises **are/*are not* planned for this camp and the following specialist clothing equipment in addition to coveralls is **recommended/*essential* for participation in the planned exercise.
- e. The sum of money you require to take to camp **OTHER THAN** pocket money is:
 - (1) for Daily Messing Charge
 - (2) for camp photograph
 - (3) for programme items not supported by public funds as follows:

Total Sum: £_____

* Delete as applicable

4. **Points Stressed by Unit CO** (Wing and Squadron COs for ATC) are as follows:

ACF 13C (CADET)

CONSENT FORM AND CERTIFICATE OF HEALTH

To be completed fully and signed by the person having parental responsibility.

Cadet's Surname:		Forenames:
Rank:	Male/Female	ATC Sqn/ CCF Unit:
Date of Birth:		Religion:
Next of Kin/ Person to Contact:		Relationship:
Home Address:		Telephone No:
Post Code		
Contact address and telephone no during camp period (if different from above)		
Post Code		

I give full consent to the above named cadet to attend camp at:

RAF: _____ from: _____ to: _____

I understand that he/she will be subject to RAF care and discipline and must conform to appearance standards required, especially hair length. Permission is given to participate in full training activities, including flying, swimming, shooting using live ammunition subject to medical condition*.

I give permission to the Camp Commandant or his appointed representative to act as the person in loco parentis should he/she have to undergo medical treatment including any emergency operation to which I am unable physically to give consent.

The information contained in this document is classified as sensitive personal information and is subject to the provisions of the Data protection Act 1998. It is necessary for such information to be retained for legal reasons. Only such data as is relevant to the cadet's attendance at the camp will be used/retained. Signing below indicates your consent for us to use and retain such data. You have the right under the Data Protection Act 1998 to request access to any personal information we hold about the cadet.

Date: _____ Signed: _____

(NAME IN BLOCK CAPITALS) _____ (Person having parental responsibility)

* **If there is any doubt, a report from the cadet's doctor is required for consideration by the RAF medical authorities before a certificate to fly can be authorised.**

REGARDLESS OF THE CADET'S MEDICAL CONDITION YOU ARE REQUESTED TO COMPLETE FULLY AND SIGN THE CERTIFICATE OF HEALTH OVERLEAF AND TO ATTACH ANY NECESSARY DOCUMENTATION TO EXPLAIN IN DETAIL A CONDITION FROM WHICH A CADET MAY SUFFER OR HAVE SUFFERED.

If you are in receipt of Income Support, Contribution-based Job Seekers Allowance or Family Credit you do not have to pay the food charge at Annual Camp. If you wish to claim exemption, please quote your Benefit Number in the box provided and sign below:

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Signed: _____

CERTIFICATE OF HEALTH

Cadet's

Surname: _____ Forenames: _____

If the cadet suffers or has suffered from any of the following problems circle "YES" and add as much information as possible (you may attach the information in a separate envelope if you so wish but this form must be completed and signed). If none, circle "NO".

Chest and Heart Conditions: Other than mild chest infections, a chest or heart condition may be significant: this includes any history of asthma, bronchitis or wheezing Note: Asthma sufferers are to complete Asthmatic Medical and Consent forms (ACP 237 Chap 4 Ann E) available from Wg HQ.	YES	NO
Epilepsy:	YES	NO
Any Loss of Consciousness or Blackouts: This includes any history of fainting episodes	YES	NO
Ear or Sinus Problems:	YES	NO
Diabetes:	YES	NO
Severe Headaches:	YES	NO
Any Other Major Illness or Injury:	YES	NO
Any Condition Requiring Regular Prescribed Medication:	YES	NO
Any Condition Requiring Regular Care, Doctor or Hospital Specialist:	YES	NO
Any Other Disability: (if YES give details)	YES	NO
Is the Cadet Taking Tablets or Medicines?: If YES, specify:	YES	NO
Does the Cadet have any known Allergies?: If YES, specify:	YES	NO
Does the Cadet have any Diet Restrictions or Special Food needs?: If YES, specify:	YES	NO

DETAILS OF CADET'S DOCTOR

NAME: _____

ADDRESS: _____

POSTCODE: _____ TELEPHONE NUMBER: _____

Date: _____ Signed: _____

(NAME IN BLOCK CAPITALS) _____

Person having parental responsibility

ACF 13C - NOTES FOR PARENTS/CADETS

1. Each cadet is to be in possession of one suitcase or holdall and a small flight case which must be properly and securely labelled. Uniform as issued (including light and dark blue shirts, Jeltex jacket, black tie, and pullover) thick socks, stout shoes or boots (and a spare pair if possible) and the following additional items should be taken to camp. All clothing should be clearly marked with the owner's name:

- * Coveralls (flying and outdoor exercises)
- Overcoat or raincoat
- Smart civilian casual clothes
- PT Shorts, vest or sports shirt, training shoes (non-making soles)
- Shirts, pyjamas, vests, socks, handkerchiefs
- Towels, swimming costume
- Toothbrush, soap, hairbrush, comb
- Cleaning materials, boot polish
- Needle and thread, buttons
- Small padlock and key

- * Note 1: Overseas Camps - KD is no longer issued.
- 2: Combats or Greens are **NOT** to be taken to overseas camps.

Cadets may wish to take writing materials, shaving mirror, plus electric torch for tented camps.

2. Cadets are to wear sensible civilian clothes - no garish T-shirts or ripped jeans - when off duty and when travelling to and from the host station.

3. The following details are to be inserted by the cadet himself/herself when notified by his/her CO:

- a. Date/Time for assembly for travel to camp is _____
- b. Assembly point for travel to camp is _____
- c. The adult staff member he/she reports to is _____

d. Adventurous type exercises **are/*are* not planned for this camp and the following specialist clothing equipment in addition to coveralls is **recommended/*essential* for participation in the planned exercise.

e. The sum of money he/she requires to take to camp **OTHER THAN** pocket money is:

- (1) for Daily Messing Charge
- (2) for camp photograph
- (3) for programme items not supported by public funds as follows:

Total Sum: £_____

* Delete as applicable

4. **Points Stressed by Unit CO** (Wing and Squadron COs for ATC) are as follows: