Combined Cadet Force C (To be completed in BLOCK CAPITALS by the						
Section 1. Personal Details	e person having part	ental responsibility)	ATTACH A RECENT			
Full Name of son/daughter/ward			PASSPORT SIZED PHOTOGRAPH [or similarly sized .jpeg			
Date of Birth			photo]			
Full Name of person having parental responsibility:						
Relationship to Cadet:						
Section 2. Consent to Join		Section 5. Flying				
I understand that the minimum age for joining the Combined Cadet Force as an enrolled cadet is 12 years. I consent to my son/daughetr/ward, named in section 1, joining the CCF and undertake to be responsible for any clothing and equipment loaned to him/her, which remains the property of Her Majesty's Government, and I will ensure that it is returned in good condition (fair wear and tear excepted) immediately he ceases to be an CCF cadet or whenever called upon to do so by a duly authorised officer. I note that I can withdraw my permission, in writing, at any time and that the level of individual commitment is 2 years finishing at the end of Year 11. After this term cadets may apply to reenlist as an NCO for a further 2 years. I consent □ do not consent □ to my son//daughter/ward joining the CCF Section 3. Data Protection I consent □ do not consent □ to the CCF recording and processing information about my son/daughter/ward on MOD systems. I		As a Cadet, your son/ward may have the opportunity to fly as a passenger in a military-operated aircraft, ranging from commercial passenger types to helicopters to front line operational aircraft ('fast jet'). On such sorties they may be invited to handle the flying controls, under supervision. They will have been thoroughly briefed and appropriately equipped (e.g. with a flying suit, helmet and parachute for some aircraft) before they go flying. In due course your son/ward may apply and be selected to undertake formal flying instruction and be trained to fly solo. Medical fitness of cadets is important for the safety of aircraft and the crew and it could be unsafe for some to fly in certain aircraft types. All pilots and instructors are required to meet stringent training and medical standards and are appropriately supervised. You should be aware that in some cases the gliding instructor could be an appropriately qualified cadet. Whilst the MOD does all it can to reduce the risks associated with flying to as low as reasonably practicable, and your son/ward will be carefully supervised, there is a residual risk to any flying activity. Whilst accidents are rare, they can happen and may have fatal results.				
understand that this information will be used only for the purposes of administrating their membership of the CCF and my consent is conditional upon the CCF complying with its duties and obligations		Consent to Flying/Gliding Yes / No				
under the Data Protection Act. This information will be held and processed for the following purposes:		I Consent to my son/daughter/ward flying in the aircraft:	e following categories of			
a. Maintaining a record of training achievement.b. Maintaining a record of next of kin.			Yes No			
 c. Photographic & Video release. d. Participation in authorised activities e. Maintaining a record of Flying/Gliding Consent. 		British and NATO military passenger transpaircraft and helicopters	port 🔲 🗀			
f. Maintaining a record of medical condition(s)		Other types of British and USAF military aircra Including high performance jets	ıft 🔲 🗀			
Section 4. Photographic & Video The CCF frequently takes photographs/videos or participating in cadet related activities. These images		British military light aircraft and gliders for the purposes of air experience and instruction	ne 🗆 🗅			
publications, promotional videos, website newsrooms, including cadet web sites and occasionally on television, to promote and aid recruitment in the CCF. All images are taken and stored within the limitations of the Data Protection Act, Home addresses are never released by the CCF to the media. I consent to my son/daughter/ward's images being used to promote the CCF Yes \(\sigma\) No \(\sigma\)		RAF gliders and powered aircraft on his/her or Solo pilot	wn as a			
Section 5. Participation in Activities		Parental I Guardian Agreement				
I consent ☐ do not consent ☐ to my son/daughter/ward participating in strenuous physical activities such as fieldcraft, adventure training and leadership exercises and those listed below. These activities are designed to stretch individuals outside their comfort zone, under controlled conditions. • Visits to museums, military establishments and work experiences • Sea training on-board naval vessels including at sea and at anchor Flying with Royal Navy Fleet Air Arm, Joint Helicopter Command & the RAF (fixed and rotary wing aircraft) • Sailing and power boating including with the Guernsey Sailing Trust. • High & low rope courses, climbing, abseiling & outdoor pursuits (team building) • Expedition training including on foot and on water Cycling/mountain biking		I give my approval, as qualified in the consents above for my son/ward to participate in CCF activities. I consent □ do not consent □ to the Officer in Charge or his appointed representative to act as the person responsible should my son/daughter/ward have to undergo medical treatment including any emergency operation to which I am unable to physically give consent. I have completed the Medical information overleaf advising the Contingent of medical conditions which could impact on the activities in which my Son/daughter/Ward can participate within the CCF and control measures which may help to mitigate any symptoms. I will inform the Section Commander if there is any change to the cadet's medical condition(s) during their involvement with the CCF. Signature Date				
 Training simulators Live & Blank firing of Cadet weapons Field skills based on the CCF syllabus Bivouacking and camping 	d craft and soldiering					

Next of Kin Contact Details: Full Name									
Address:									
Telephone No:			Email address						
Mobile No:					Altern	Alternative email:			
Other Cont	act Details:								
					1				
GP Details:	: Name:								
Tel No:				Address:					
Asthma:	No / Yes		Inhaler	used: Yes N	No.	Type Blue	e/Brown/Both	Severity:	
Diabetic:	No / Yes		(if yes, diet, tablets or injection)						
Allergies:	No / Yes				; also indicate severity and any control required)				
	Aller	gies	Penicil				Hayfever/Poller	n	
			Seafoo				Nut		
			Wheat				Lactose		
Other (Plea	se state)								
Other (1 lea	se state)								
Epipen: Yes	s/No								
Dietary Res	Dietary Restrictions: Halal		ادا	Kosher		V	egetarian	Vegan	
Other (spec		110	iidi	Rosilei		•	cgctariari	vegan	
Guioi (opeo	y /.								
								e hospitalisation and/or	
								y the cadet to prevent	
	condition; this vo					y activity ir	wnich the cade	t may be involved.	
ixetuiii tiiis i	Official all enve	iop e i	11110111	iation is list	eu)				
Nil/Details (at	tach additional	page	s if nec	essary):					
Name of person completing medical information					Signature				
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