

OFFICIAL – SENSITIVE – PERSONAL
ONCE COMPLETED

FOR OFFICE USE

WESTMINSTER PNUMBER:		TOS DATE:			
BADER ID NUMBER:					



READING SCHOOL CCF CADET ENROLMENT FORM



SECTION 1 – CADET PERSONAL DETAILS

FIRST NAME		SURNAME	
ALL INITIALS		DATE OF BIRTH	
GENDER	MALE / FEMALE	HOUSE/TUTOR GROUP	
RELIGION		ETHNICITY	
ADDRESS LINE 1			
TOWN		COUNTY	
POST CODE		NHS NUMBER	
CADET MOBILE PHONE NUMBER			
CADET SCHOOL EMAIL			

SECTION 2 – PARENT/GUARDIAN'S CONSENT

1. MEMBERSHIP AND ACTIVITIES I wish my child/dependant to be considered for membership of the Reading School Combined Cadet Force (CCF). I understand that as part of the CCF syllabus s/he may participate in routine military training and other physically demanding activities including Fieldcraft, shooting, expedition training, physical recreation, and leadership exercises. I note that I can withdraw my permission, in writing, at any time.	YES NO
2. MOD AND READING SCHOOL LIABILITY I accept that the Ministry of Defence and/or Reading School cannot be held responsible for any loss or damage to items owned by cadets or their families.	YES NO
3. LOANED EQUIPMENT I accept that I am responsible for the replacement costs of any items of equipment and clothing loaned to the applicant which are lost or damaged, and I will ensure that it is returned in good condition (fair wear and tear excepted) immediately s/he ceases to be an CCF cadet or whenever called upon to do so by a duly authorised officer.	YES NO
4. PHOTOGRAPHY The CCF frequently takes photographs and videos of cadets participating in cadet-related activities. These images may be used to promote the organisation in print, on the internet and in the media. All images are taken and stored within the limitations of the Data Protection Act. Cadet details are never released to the media. I consent to my Child/Dependant's images being used to promote the CCF.	YES NO
5. DATA PROTECTION I agree to the CCF recording and processing information about my Child/Dependant on MOD systems. I understand that this information will be used only for the purposes of administrating his/her membership of the CCF and my consent is conditional upon the CCF complying with its duties and obligations under the Data Protection Act.	YES NO
6. MEDICAL I give my consent for the Officer in Charge or his appointed representative to act as the person responsible, should my Child/Dependant 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 Child/Dependant can participate within the CCF and control measures which may help to mitigate any symptoms. I will inform the CCF if there is any change to the cadet's medical condition(s) during their involvement with the CCF.	YES NO
7. FLYING As a Cadet, your Child/Dependant 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 Child/Dependant 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. Whilst the MOD does all it can to reduce the risks associated with flying to 'as low as reasonably practicable' and your Child/Dependant 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. I consent to my Child/Dependant flying in the following categories of aircraft:	YES NO
British and NATO military passenger transport aircraft and helicopters	YES NO

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Other types of British and USAF military aircraft including high performance jets	YES NO
British military light aircraft and gliders for the purpose of air experience and instructions	YES NO
RAF gliders and powered aircraft on his/her own as a solo pilot	YES NO

SECTION 3 – NEXT OF KIN CONTACT DETAILS

PRIMARY NEXT OF KIN			
TITLE & FULL NAME			
RELATIONSHIP TO CADET			
ADDRESS LINE 1			
ADDRESS LINE 2			
TOWN	COUNTY		
POST CODE			
TELEPHONE NUMBER	EMAIL		
MOBILE NUMBER	ALTERNATE EMAIL		
SECOND NEXT OF KIN			
TITLE & FULL NAME			
RELATIONSHIP TO CADET			
ADDRESS LINE 1			
ADDRESS LINE 2			
TOWN	COUNTY		
POST CODE			
TELEPHONE NUMBER	EMAIL		
MOBILE NUMBER	ALTERNATE EMAIL		

SECTION 4 – MEDICAL DETAILS

GP NAME	TEL NO.			
SURGERY ADDRESS				
DIABETIC	YES / NO	(if yes specify diet, tablets or injection)		
ALLERGIES	YES / NO	(if yes, tick below; also indicate severity and any control required)		
	Allergies	Penicillin	Hayfever/Pollen	Wheat
EPIPEN	YES / NO	Seafood	Nut	Lactose
Other (please specify)				
DIETARY RESTRICTIONS	YES / NO	Halal	Kosher	Vegetarian
Other (please specify)				

MEDICAL CONDITIONS WHICH MAY IMPACT ON CCF ACTIVITIES

Please attach a separate sheet within an envelope, listing any conditions, including those which may require hospitalisation and/or regular medication. Please also include any control measures which may be required by the cadet to prevent onset of the condition; this will assist the staff in handling any activity in which the cadet may be involved.

SECTION 5 – PARENT/GUARDIAN DECLARATION

I give my approval, as qualified in the consents above for my Child/Dependant to participate in CCF activities. I have completed this form to the best of my knowledge, and I will inform the CCF if there is any change to the cadet's medical condition(s) during their involvement with the CCF.

SIGNATURE..... DATE.....

NAME..... RELATIONSHIP TO CADET.....



READING SCHOOL CCF UNIFORM SIZING FORM



Name:

Please measure up the following dimensions so that we can provide you with CCF uniform.

Remember that Uniform always remains the property of Reading School CCF and it is your duty to look after it at all times. If you need larger sizes in the future, email the SSI and he will arrange a time for you to go to CCF stores with the item needing replacing. You will be liable for any damage or loss to your uniform and will be required to return all issued uniform, complete, clean and pressed when you leave the CCF or Reading School.

Boots are privately purchased by individuals, not issued by the CCF or MOD, however Reading School CCF provides an initial pair of boots to all cadets from their first subscription payment.

ALL DIMENSIONS TO BE IN CM

Please measure accurately. The CCF will replace uniform free of charge as your child grows.

HEAD CIRC.	.....CM	HEIGHT	.....CM
WAIST	.....CM	INSIDE LEG	.....CM
COLLAR SIZE	.....CM	CHEST	.....CM
SHOE SIZE	.....	

Signed Parent/ Guardian: Date: