

Air Training Corps Consent Certificate

This form is to be completed by the person having parental responsibility

Section 1. Personal Details		(to be completed in BLOCK CAPITALS)					
Full Name of Son / Daughter / Ward				Date of Birth			
Full Name of person having parental responsibility				Relationship to Cadet			

Section 2. Consent to Join

I Understand that the minimum age for joining the Air Training Corps is 13 years.

I consent to my son/daughter/ward, named in section 1, joining the ATC and undertake to be responsible for any clothing and equipment loaned to him/her being the property of Her Majesty's Government and to ensure that it is returned in good condition (fair wear and tear excepted) immediately he/she ceases to be an ATC cadet or whenever called upon to do so by a duly authorised officer.

This information will be held and processed for the following purposes:

a. Consent for Physical Activities	d. Service within the ATC
b. Consent to Fly	e. Photographic & Video Policy
c. Medical condition	

Section 3. Photographic & Video Policy

The ACO frequently takes photographs/videos of cadets participating in cadet related activities. These images may appear in press publications, promotional videos, website newsrooms, including the ACO website and occasionally on TV to promote and aid recruitment in the ACO. All images are taken and stored within the limitations of the Data Protection Act. Home addresses are never released by the ACO to the media.

I consent to the above named applicant's images being used to promote the ACO. This consent will remain valid for the full period of cadet membership. Yes <input type="checkbox"/> No <input type="checkbox"/>	I consent, as the above named applicant, that images of me can be used to promote the ACO. The consent will remain valid for the full period of cadet membership. Yes <input type="checkbox"/> No <input type="checkbox"/>
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Data Protection

I agree to the ACO recording and processing this information about my son/daughter/ward. I understand that this information will be used only for the purposes set out in the statement above and my consent is conditional upon the ACO complying with its duties and obligations under the Data Protection Act.

Yes No

Section 4. Consent to Participation in Strenuous Physical Activities

I Consent do not consent to my son/daughter/ward participating in strenuous physical activities such as games, sports, adventure training and leadership exercises.

I give permission to the Officer in Charge or his appointed representative to act as the person responsible should he/she have to undergo medical treatment including any emergency operation to which I am unable to physically give consent.
(Please tick appropriate box)

Section 5. Flying

Part 1 ~ Medical Condition

1. As an Air Cadet, your Son, Daughter or Ward will have the opportunity to fly in a variety of military and civilian aircraft from commercial passenger types to front line military operational aircraft. Medical fitness of air cadets is important for the safety of the aircraft and crew and it could be unsafe to fly in certain types of aircraft. Please inform the cadet's Commanding Officer if there is any change in the cadet's Medical Condition.

2. If your son, daughter or ward suffers medical conditions that have required hospitalisation and/or regular medications please provide the details in the box below.

Please use a separate sheet of paper if there is insufficient space for your answer(s) to the questions below

Does your son, daughter or ward suffer/ing from any medical conditions? Yes No

(If yes, please give details in the box below or in a separate envelope)

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Part 2 ~ Consent to Flying

I Consent to my son/daughter/ward* flying in the following categories of aircraft: **(*Please delete as appropriate)**

British and NATO military passenger transport aircraft and helicopters.	<input type="checkbox"/>	<input type="checkbox"/>
RAF light aircraft and gliders for the purposes of air experience and instruction.	<input type="checkbox"/>	<input type="checkbox"/>
Other types of British and NATO military aircraft including high performance jets.	<input type="checkbox"/>	<input type="checkbox"/>
RAF gliders for dual instruction and flying his/her own as a solo pilot.	<input type="checkbox"/>	<input type="checkbox"/>

Parental / Guardian Agreement

"Parents / Guardians are responsible for advising the squadron Commander should there be any changes in their child's circumstances or medical condition. You must do this as soon as possible. Thank you".

Signature Date

Personal Details

Sqn or DF	Number	Forenames (block letters)	Surname (block letters)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cadet's Address: <input type="text"/>			
Contact No:	<input type="text"/>	Email:	<input type="text"/>
Address of School or employer: <input type="text"/>			
Contact No:	<input type="text"/>	Email:	<input type="text"/>
Next of Kin/Additional Contact: <input type="text"/>			Relationship: <input type="text"/>
Contact No:	<input type="text"/>	Email:	<input type="text"/>
Next of Kin/Additional Contact: <input type="text"/>			Relationship: <input type="text"/>
Contact No:	<input type="text"/>	Email:	<input type="text"/>
Next of Kin/Additional Contact: <input type="text"/>			Relationship: <input type="text"/>
Contact No:	<input type="text"/>	Email:	<input type="text"/>

Photograph
(Please supply if consent not given Ref. Section 3)

Doctors Details

GP Name:	<input type="text"/>
Practice:	<input type="text"/>
Tel No:	<input type="text"/>

Information Re Son / Daughter / Ward

Blood group (if known)	<input type="text"/>		
Asthma	<input type="checkbox"/>	Inhaler used: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Allergies	Nut <input type="checkbox"/>	Hayfever/Pollen <input type="checkbox"/>	Lactose <input type="checkbox"/> Wheat <input type="checkbox"/>
	Other (Please state) <input type="text"/>	Epipen: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diet	Vegetarian <input type="checkbox"/>	Vegan <input type="checkbox"/>	Other: <input type="text"/>
Educational	ADHD <input type="checkbox"/>	Dyslexia <input type="checkbox"/>	Aspergers <input type="checkbox"/> Autism <input type="checkbox"/>
	Other (Please state) <input type="text"/>	Statement Issued: Yes <input type="checkbox"/>	No <input type="checkbox"/>
BADER No:	<input type="text"/>		

Remarks by CO on Cadet leaving

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