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| **Combined Cadet Force Consent Certificate**(to be completed in **BLOCK CAPITALS** by the person having parental responsibility) | SHR_logo_black |
| **Section 1. Personal Details** | Pupil email address -  |
| Full Name of son/daughter |
| Date of Birth | Day |  | Month |  | Year |  |
| Full Name of person having parental responsibility & full address | Height of cadet |
| Relationship to Cadet | Parents contact telephone number (home and mobile) |
| **Section 2. Consent to Join**I understand that the minimum age for joining the Combined Cadet Force as an enrolled cadet is 12 years in Year 8. I consent to my son/daughter, named in Section 1, joining the CCF. I 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/she ceases to be a CCF cadet, or whenever called upon to do so by a duty authorised officer. I note that I can withdraw my permission, in writing, at any time. | **Section 5. Flying**As a Cadet, your son/daughter/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/daughter 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 the 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 risk associated with flying to ‘as low as reasonably practicable’, and your son/daughter 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.**Consent to Flying/Gliding**I consent to my son/daughter/ward flying in the following categories of aircraft: YES NOBritish and NATO military passenger transport aircraft and helicopters(All cadets)Other types of British and USAF  Military aircraft including highPerformance jets (RAF cadets only)British military light aircraft and Gliders for the purposes of air Experience and instruction (RAF cadets only) RAF gliders and powered aircraft on his/her own as a solo pilot (RAF cadets only)Civilian Gliders and Light Aircraft At the West Midlands Gliding Club\*\*Due to the periodical lack of access to military flying, cadets have the opportunity to fly with a civilian club, on the CCF parade afternoons, but as a non sponsored military activity and are therefore indemnified by the school not the MOD. On those occasions, the cadets attend as ‘pupils of Shrewsbury School’ in civilian clothing. |
| **Section 2. Data Protection**I agree to the CCF recording and processing information about my son/daughter/ward on MOD systems. I understand that this information will be used only for the purposes of administrating his membership of the CCF and my consent is conditional upon the CCF complying with its duties and obligations under the Data Protection Act. This information will be held and processed for the following purposes:1. Maintaining a record of training achievement
2. Maintaining a record of next of kin
3. Photographic and video release
4. Participation in authorised activities
5. Maintaining a record of Flying/Gliding Consent
6. Maintaining a record of medical condition(s) which could impact on eligibility for activities
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| **Section 3. Photographic and Video**The CCF frequently takes photographs/videos of cadets participating in cadet related activities. These images may appear in press publications, promotional videos, website newsrooms, including cadet websites 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. I consent to my son/daughter/ward’s images being used to promote the CCFYes No  |
| **Section 4. Participation in Activities**I consent do not consent to my son/daughter/ward participating in strenuous physical activities such as fieldcraft, adventure training and leadership exercises. These activities are designed to stretch individuals outside their comfort zone, under controlled conditions.  | **Parental/Guardian Agreement**I give my approval, as qualified in the consents above for my son/daughter/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 school if there is any change to the cadet’s medical condition(s) during their involvement with the CCF.Signature Date |

**Asthma:** Yes/No Inhaler used: Yes/No Type: Blue/Brown/Both Severity:

**Diabetic:** Yes/No (if yes, diet, tablets or injection)

**Allergies:** Yes/No (if yes, tick below; also indicate severity and any control required)

**Allergies:** Penicillin Hayfever/pollen Seafood

 Nut Wheat Lactose

Other (please specify):

**Epi-pen**:Yes/No

**Dietary Restrictions:** Halal Kosher Vegetarian Vegan

Swimming ability in light clothing (please circle) Weak Competent Strong

Other (please specify):

**Medical conditions which could impact on CCF activities: (include any 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 staff in handling any activity in which the cadet may be involved.**

Details (attach additional pages if necessary):

Name of person completing medical information: Signature:

Revised Oct 24