

From: \_\_\_\_\_ Wg ATC/Sqn Ldr CCF\*

To: RAF \_\_\_\_\_ (Attn ACLO)

**ACF 7 - NOTICE OF ATTENDANCE AT AIR CADET ANNUAL CAMP**

1. This is to confirm that the following Sqn(s) controlled by this Wg HQ/Sqn Ldr CCF will be attending Easter/summer/autumn camp at your stn for Camp Week(s) \_\_\_\_\_ and the number of places allocated for each Sqn/Section is:

Sqn/CCF Section	Officers		Chaplains		AWO/SNCO		CIs		Cadets		Total Numbers
	M	F	M	F	M	F	M	F	M	F	
<b>Totals</b>											

2. Mode of Travel and Arrival Time at Camp. The main party/ies will travel by \*rail/\*road and will arrive at \* \_\_\_\_\_ rail head/\*main guardroom at \_\_\_\_\_ hrs on the first day of camp.

3. Personnel Travelling Independently - Time of Arrival. Names and times of arrival of personnel not travelling with the main party are shown on reverse of this form.

4. Nominal Rolls. Staff/cadet nominal rolls and ACF 13s will be brought by the OC party and passed to the CC. The CC will advise both the SCAO and SMO of any special staff/cadet dietary or medical considerations.

5. Certificate of Eligibility of Cadets to Attend Camp. COs certify that their cadets nominated to attend camp are eligible in all respects in accordance with ACP 237 (ie minimum First Class cadet).

6. Fitness of Adult Staff. COs certify that their adult staff are fit to undertake strenuous activities.

7. Personnel Travelling Independently. The mode of transport and times of arrival for personnel who are travelling independently of the main party are as follows:

Rank	Name and Initials	Mode of Transport	Time of Arrival
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Unit Departure Details.

Unit	Mode of Transport	Departure time from Host Station	Departure from Railway Station
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. MT Licensing. The ACLO is requested to have the following driving licence details entered on STAMA to enable staff to obtain authority to drive Service MT upon arrival at camp:

Rank/Name	Service Number	DVLA Licence Number	Groups Authorised	Expiry Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. Departure. It is intended that on completion of camp all units will depart by \_\_\_\_\_hrs

Date \_\_\_\_\_

Signed \_\_\_\_\_

Appt: \_\_\_\_\_

\* Delete as appropriate

From: ACLO RAF \_\_\_\_\_

To: \_\_\_\_\_ Wg HQ (ATC) or Sqn Ldr CCF (CCF)

Date: \_\_\_\_\_

**ACF 8 - HOST STATION ANNUAL CAMP CONFIRMATION**

1. Your ACF 7 has been received confirming your attendance for Easter/Summer/Autumn camp for Weeks \_\_\_\_\_

2. For your information, preliminary details of the camp are:

a. Stn Cdr: \_\_\_\_\_

b. ACLO \_\_\_\_\_ Tel Ext \_\_\_\_\_ Dep ACLO \_\_\_\_\_

c. Your Stn POC during the camp will be the ACLO/Dep ACLO or (in the event of the absence of both the ACLO and Dep ACLO) \_\_\_\_\_

d. Type of accommodation available for staff and cadets are:

(1) RAFVR(T) officers: \_\_\_\_\_

(2) AWO/SNCOs: \_\_\_\_\_

(3) Male cadets \_\_\_\_\_

(4) Female cadets \_\_\_\_\_

(5) Ablution arrangements: Male \_\_\_\_\_ Female \_\_\_\_\_

e. Cadets \*will/will not be flown at camp.

f. Cadets \*are/\*are not required to bring sleeping bags.

3. An activities training programme for the camp is being produced and a copy will be sent to you.

4. Staff driving licence details will/will not be available on STAMA upon arrival.

Date \_\_\_\_\_

Signed \_\_\_\_\_

Appt: \_\_\_\_\_

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

Surname		Forenames
Rank	Service Number	ATC Sqn/ CCF Unit
Nat Health Service No:		

**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 ON PAGE 4-D-5**

**CERTIFICATE OF HEALTH**

Do you suffer from the following? (circle "YES" or "NO"). Amplify any problem on a separate sheet of paper sealed in an envelope marked for the attention of the SMO.

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 Annex 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 or pre-existing condition: (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 DOCTOR**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_ TEL NO: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ (Member of Adult Staff)

(NAME IN BLOCK CAPITALS) \_\_\_\_\_

**ACF 13C (CADET) - CONSENT FORM AND CERTIFICATE OF HEALTH**

To be completed and signed by the person having parental responsibility or personally by a cadet over 18 years old.

Cadet's Surname:		Forenames:
Rank:	Male/Female:	ATC Sqn/ CCF Unit:
Date of Birth:		Religion:
Next of Kin/ Person to Contact:	Nat Health Service No:	Relationship:
Home Address:		Telephone No:
Post Code:		
Contact address and telephone number during camp period (if different from above)		
Post Code:		
Summer*/Easter*/Overseas Camp*/Other Activity* (please specify) _____		
Dates:		* Please indicate camp or activity

<b>Cadet Below the Age of 18</b>	<b>Cadet Over the Age of 18</b>
I give full consent to the above named cadet to attend the camp or activity indicated above. 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 conditions*. I give permission to the Camp Comdt 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.	I understand that I will be subject to RAF care and discipline, during the camp or activity indicated above, and must conform to appearance standards required, especially hair length. I wish to participate in full training activities, including flying, swimming, shooting using live ammunition, subject to medical condition*
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 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 on the cadet.	
Date _____ Signed _____	Date _____ Signed _____
Name in BLOCK _____	Name in BLOCK _____
Capitals _____	Capitals _____
(Person having Parental Responsibility)	(Cadet over the Age of 18)

\* 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 ON PAGE 4-D-7 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**

**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 Annex 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 or pre-existing condition: (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: \_\_\_\_\_  
\_\_\_\_\_

POST CODE: \_\_\_\_\_ TELEPHONE No: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

NAME IN BLOCK CAPITALS: \_\_\_\_\_  
(Person having parental responsibility) (or cadet if aged 18 years or over)

**ACF 13C - NOTES FOR PARENTS/CADETS**

1. Each cadet is to be in possession of one suitcase or holdall and a small flight case that 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:

- Female cadets should take uniform trousers (if issued)
- Coveralls (flying, marksmanship and outdoor exercises)
- Overcoat or raincoat
- Smart civilian casual clothes
- Exercise Shorts, vest or sports shirt and training shoes (non-marking 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 unless authorized by HQAC.

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 required for camp OTHER THAN pocket money is to provide:

- (1) Cadet daily messing charge
- (2) Camp photograph
- (3) 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:

