



# AIR CADET ADVENTURE TRAINING SCHEME

Application for approval of \*Adventure Training / \*DofE Expedition (\*delete as appropriate)

Submitted by: \_\_\_\_\_ Sqn HANTS & I O W Wing \_\_\_\_\_

Sqn. Ref: \_\_\_\_\_ Wing. Ref: HW/ \_\_\_\_\_ Region. Ref: \_\_\_\_\_

Location / Area: \_\_\_\_\_ Remote/Mountainous? Yes / No

OS Sheet No. \_\_\_\_\_ Map Reference: \_\_\_\_\_

Location: \_\_\_\_\_

All routes must be attached as appropriate

### Additional Approval:

Has approval been sought from the appropriate Army

District HQ & Defence Estates Agent (DEA)

or Private Landowner? Yes / No

Has the appropriate DofE Wild Country

Panel been notified? Yes / No

Proposed Date(s) of Activity / Expedition: \_\_\_\_\_ A daily programme showing timetable / activities must be included.

ETD Squadron at: \_\_\_\_\_ hours on: \_\_\_\_\_ ETA Squadron on completion: \_\_\_\_\_ hours on: \_\_\_\_\_

Type of Exercise / Training Activity / DofE Level:

Supervisory Staff: \_\_\_\_\_ Rank / Name / Qualifications / Experience

Adult I/C:

Other Staff:

Number of Cadets:

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Total: \_\_\_\_\_

Ration Claim: (Exercises => 48 hours only)

\_\_\_\_\_ Adults X \_\_\_\_\_ Days = \_\_\_\_\_

\_\_\_\_\_ Cadets X \_\_\_\_\_ Days = \_\_\_\_\_

### Certificate of Adult I/C Activity / Expedition:

I have read and understand the instructions on Adventure Training contained in ACP17 or the DofE Handbook and am satisfied that sufficient, suitable training and serviceable equipment is available to meet all needs of this event.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Appt: \_\_\_\_\_

Travel Details: Estimated Costs.

(1) Coach / Private Hire: £ \_\_\_\_\_

(2) SOV.

Number of Passengers = \_\_\_\_\_

Mileage: \_\_\_\_\_ Miles £ \_\_\_\_\_

(3) Private Car(s):

Number \_\_\_\_\_ Estimated \_\_\_\_\_

of Cars: \_\_\_\_\_ Mileage: \_\_\_\_\_

Number of \_\_\_\_\_ Estimated \_\_\_\_\_

Passengers: \_\_\_\_\_ Claim: £ \_\_\_\_\_

### Certificate and Remarks of Squadron Commander:

1. I have examined the details of this activity and I am satisfied that the arrangements are soundly based and that its scope is within the competence of the personnel. I confirm that Parent's Consent Forms and Certificate of Health will be/has been\* obtained for every cadet taking part.

2. A comprehensive briefing on emergency procedures will be given to all persons involved in the exercise by the Adult I/C. ACP17, Rules for Training in Wales (or equivalent), and the DofE Expedition Guide will be studied and, where appropriate, acted on.

3. Instructor / Participants ratios are appropriate to the activity.

***I have endorsed the completed Risk Assessment (overleaf).***

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ OC: \_\_\_\_\_ Sqn.

Remarks of WATTO / DofE Officer:

Recommend / Do not recommend\* Approval.

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

Signed: \_\_\_\_\_

### Remarks / Recommendation of Wing HQ:

Money set aside in travel budget.

COACH or SOV CARS  
P/HIRE £ \_\_\_\_\_ £ \_\_\_\_\_ £ \_\_\_\_\_

Recommended / Not Recommended

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Wg AdO

### Remarks / Decision of Regional Headquarters:

Approved / Not Approved\* \_\_\_\_\_ X Accts F80 provided authority of appropriate Army District HQ and DEA or DofE Wild Country Panel is obtained at time of exercise.

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

ARC (for Rgnl Comdt)