

PC

15 April 10

Unit Cdrs. WCO, WSOs and WEXO

Drill Course (01) 18th - 20th Jun 10 for staff and senior cadets

1. A residential Drill Course will be held at **HMS RALEIGH** from 18:55 hours on Fri 18 Jun 10 until 1700 hours on Sun 20 Jun 10. Unit commanders must ensure that those nominated are *willing and able* to attend the course, if selected. The course will be limited to a maximum of 20 students. The course is aimed at two areas of training:

- a) To teach basic Drill to new staff, and assist the preparation of those awaiting a course at ATF.
 - b) To refresh Cadet WOs/SNCOs who have passed the SNCOs course on Drill Instruction, expanding that knowledge with Sqn & Wing Drill procedures and the Corps Drill competition format.
 - c) To teach inspection techniques and mess etiquette
2. Nomination Criteria. Candidates for the course must have completed the SNCO course and Uniformed Staff/Civilian Instructors must have some basic understanding of Drill.
3. Eligibility Policy. This course is for Cadet Warrant Officers, Flight Sergeants, Sergeants and Junior Staff. Cadets must have completed the SNCO course with a **good** grading in the Drill Teaching Phase.
4. Preparation. Uniformed Staff and Cadet WOs/SNCOs attending must meet current ATC standards with regard to their personal appearance, including uniform, shoes and standard of haircut and style. CIs are to wear comfortable clothing for Drill practices. Dress for the Wardroom is jacket and tie and for ladies dress/skirt knee length. Full joining instructions will be issued by e-mail to the Unit Cdr for the Staff and Cadets.
5. Those attending the Course will be required to sit an exam on arrival on the topics included in the course. This exam is used by the DI staff to gauge each candidate's requirements. **Course fees and completed ACF 13s are to be forwarded to WHQ with the nomination forms.**
6. Unit Cdrs are to submit nominations of interested parties to the Wing Warrant Officer via OC 1876 email by Monday 10 May 2010. Nominees are to be listed in priority order. It is essential that Unit Cdrs ensure that each nominee is able to attend prior to submission of the pro forma.
7. Cost. The course fee of £8.00 is to cover the cost of messing, soft drinks and stationery. **This fee is to accompany the nomination form with ACF 13s.**
8. Units will be advised by 21 May 10 of those selected to attend. Refunds of course fees will be made for those who are not selected.

Staff

9. Directing Staff. The Distaff and Syndicate Directors have been sent an invitation to attend, only those who have confirmed their attendance will have accommodation and meals booked.

Chris Perkin
WO (ATC)
Course Director
www.plymouthCornwall@aco.local

Jon Barnes
WO (ATC)
Deputy Course Director
adj.77@aircadets.org

Sue Perkin
Flt Lt RAFVR(T)
O I/C Admin
oc.1876@aco.local

For OC

Attached:
ACF 13c
Staff Med Form
Nomination Form

ADULT STAFF PERSONAL DETAILS AND CERTIFICATE OF HEALTH

Surname		Forename(s)
Rank	Service No:	ATC Sqn

NEXT OF KIN/PERSON TO CONTACT

Name	Relationship
Address	Telephone No
Post Code:	
Contact address and telephone no during period of training (if different from above)	
Post Code:	

I have volunteered to take part in training activities at:
_____ from _____ to _____

I certify that I am fit to participate in the activities 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 the course.

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 on training activities 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 ANY MEDICAL CONDITION, YOU ARE REQUESTED TO COMPLETE FULLY, INCLUDING DOCTOR'S DETAILS, AND SIGN THE CERTIFICATE OF HEALTH OVERLEAF AND TO ATTACH ANY NECESSARY DOCUMENTATION TO EXPLAIN IN DETAIL A CONDITION FROM WHICH YOU MAY SUFFER OR HAVE SUFFERED.

MEDICAL IN CONFIDENCE
(When completed)

SURNAME: _____ FORENAME(S): _____

CERTIFICATE OF HEALTH AND DECLARATION OF FITNESS

TO BE COMPLETED BY ALL CADETS AND ADULT STAFF

* **NOTE:** If any of the following do not apply insert “**NONE**” in the box(es).

1. ***Medication** I take the following medication:

Medication	Medical Condition

2.

Medical Condition/Past Injuries for which I do not take medication but may affect my performance during the activities.	Name, address and telephone number of the doctor I am registered with

3. **Asthma** All cadets and adults must answer the following question:

Do you suffer or have you ever suffered from asthma? **YES / NO**

If **YES** then in addition to the declaration below you are to complete an Asthmatics Questionnaire and Declaration.

4. **Declaration** I understand that I should be well prepared and physically and sufficiently fit to undergo strenuous activity. I have declared all medical matters that may affect my participation in the activities and I will inform the Officer in Charge of any additional medical matter that occurs after the date of signing this form.

Signed: _____ Date: _____

MEDICAL IN CONFIDENCE
(When completed)

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:	Nat Health Service No:	ATC Sqn/ CCF Unit:		
Date of Birth:			Religion:		
Next of Kin / Person to Contact:			Relationship:		
Home Address:			Telephone No:		
Post Code:					
Contact address and telephone number during the course period (if different from above)					
Post Code:					
Course : Drill Course, HMS Raleigh 18-20 Jun 2010					

Cadet Below the Age of 18	Cadet Over the Age of 18
<p>I give full consent to the above named cadet to attend the course 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 Course Commander 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.</p>	<p>I understand that I will be subject to RAF care and discipline, during the course 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*</p>
<p>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 course 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.</p>	
<p>Date _____ Signed _____ Name in BLOCK Capitals</p> <p>(Person having Parental Responsibility)</p>	<p>Date _____ Signed _____ Name in BLOCK Capitals</p> <p>(Cadet over the Age of 18)</p>

*** 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 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 during courses. If you wish to claim exemption, please quote your Benefit Number in the box provided and sign below.

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Signed: _____ Date: _____

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, continue on a separate sheet of paper if necessary (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: _____

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

DATE: _____ SIGNED: _____

NAME IN BLOCK CAPITALS: _____

Reply pro forma

REF:

No. 01 DRILL COURSE (18/20 JUN 10)

To Wing Warrant Officer P & C Wing ATC

1. The following Staff/Cadets are nominated to attend the above course.

Order of Priority	Rank & Date of Promotion	Gender	Name and Initials	Date of Birth	Course Required	Candidates e-mail address	Details of any previous course(s) attended
1					Drill		
2					Drill		
3					Drill		
4					Drill		
1					Drill		
2					Drill		
3					Drill		
4					Drill		

Please email the above form to: oc.1876@aco.local

Signed _____ OC _____ Sqn/DF

Date _____