

## AIR TRAINING CORPS PARAGLIDING COURSES 2010/11

**LOCATION:** Joint Services Hang Gliding and Paragliding Centre (JSHPC), Cwrt-y-Gollen Crickhowell, (Nr Abergavenny), Powys

**PRE-COURSE REQUISITS and WHO CAN APPLY:** Cadets applying for a Paragliding course **MUST:**

- ✓ Be 16 years of age or over on the 1<sup>st</sup> day of the course
- ✓ **Courses PG1, PG2 and PG3 only.** Have not attended a Paragliding Course before.
- ✓ **Course PG4 only.** Have successfully completed their Elementary Pilot Certificate on a previous course at JSHPC and attach a copy to their application form.
- ✓ Attach a passport sized photograph to the form
- ✓ Be resident for the entire course.
- ✓ Weigh a minimum of 41kg and a maximum of 110kg.
- ✓ Be medically and physically fit to cope with all aspects of the strenuous course, complete and attach the cadets personal details, medical consent form and certificate of health declaring any condition that may occur during the course in order for the instructors to be aware.
- ✓ Understand that the course is very weather dependant and the amount of flying can not be guaranteed. If weather prevents flying then alternative adventurous activities will be provided eg high ropes, mountain biking and cadets should be physically fit, be prepared and flexible in their approach to take part in all activities offered.
- ✓ Should work on their fitness well before the course in order to take part and enjoy all that may be offered and to reduce the risk of any injury.
- ✓ Send their completed application form, health declaration, photograph and cheque to their Wing HQs by the date as advised by their Wing.
- ✓ By signing the application form applicants understand and agree that personal information will be recorded and stored appropriately for administration purposes relating to the course.

**COST:** £60, cheques to accompany application forms payable to ATC GPF as the contribution towards the total course cost, cheques will not be cashed until a place is confirmed. Any 'off duty' activities requested by the group eg bowling will be payable from cadets own personal funds.

**TRAVEL:** Unaccompanied by rail to Abergavenny

**COURSE DETAILS:** There are 12 places on each of the courses PG1,PG2,PG3/10 and 4 on course PG4/10:

Number	Assembles	Disperses	Bids to HQAC by
PG1/10 <b>Wings in SW &amp; L&amp;SE Regions only</b>	Sunday late afternoon 1 August 2010	Saturday after breakfast 7 August 2010	Friday 18 June 2010
PG2/10 <b>Wings in C&amp;E &amp; N Regions only</b>	Sunday late afternoon 6 February 2011	Saturday after breakfast 12 February 2011	Friday 10 December 2010
PG3/10 <b>Wings in S&amp;NI &amp; W&amp;W Regions only</b>	Sunday late afternoon 20 February 11	Saturday after breakfast 26 February 11	Friday 10 December 2010
PG4/10 <b>Club Pilot – All Wings</b>	Sunday late afternoon 20 February 11	Saturday after breakfast 26 February 11	Friday 10 December 2010

### **COURSE PROFILE:**

1. The course assembles on the Sunday evening, you will have an evening meal and the administration will be cleared by the staff. The aim of the course is to train you up to the Elementary Pilot Certificate (EPC) standard of the British Hang Gliding and Paragliding Association (BHPA). Paragliding will be the lead activity.
2. Alternative activities eg high ropes course and mountain biking may be offered if the weather prevents all other training. Due to the reliance on the weather for this course it is most likely that you will experience some days of non-flying activity.
3. The course offers a taster of the sport, depending on the weather. It must be made clear that some courses are unlucky when no flying is undertaken or not enough for the EPC. There is no obligation for JSHPC or HQAC to arrange or fund further flying, this can of course be done by individuals on a private (non-cadet) basis and this will be explained, if the case at the end of the course
4. **For course PG4/10 only.** The course is aimed to teach more advance skills working towards the Club Pilot qualification (however, it will be unrealistic to achieve this licence in one week). All applications will be scrutinised by JSHPC and only those with good course reports and aptitude from their previous course will be offered a place.

To: HQ Air Cadets (Phys Ed Admin) **via Wing HQs**

**PLEASE WRITE OR TYPE CLEARLY IN BLOCK LETTERS AND INCLUDE AN  
E-MAIL ADDRESS THAT YOU HAVE REGULAR ACCESS TO  
PLUS A SQN E-MAIL CONTACT**

**APPLICATION AND HEALTH DECLARATION AND FOR AIR TRAINING CORPS PARGLIDING  
COURSES 2010/11**

(See accompanying details sheet for eligibility)

1. Cadet Details:

Rank: \_\_\_\_\_ Surname: \_\_\_\_\_ Forenames: \_\_\_\_\_

Sqn No: \_\_\_\_\_ Wing: \_\_\_\_\_ Region: \_\_\_\_\_

Weight \_\_\_\_\_ Dietary needs: \_\_\_\_\_

\*Home  
Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*If this is not your preferred postal address please write on the back of this form where all correspondence regarding the course is to be mailed

Home Telephone: \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**You must supply reliable e-mail addresses as correspondence will be sent by this means**

**Own E-mail** \_\_\_\_\_

**A Sqn contact E-mail** \_\_\_\_\_

2. Additional Contact Details:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime or Mobile Tel No. \_\_\_\_\_ Home Tel No. \_\_\_\_\_

3. Course Details: Course No: PG /10 Date: Sunday \_\_\_\_\_ to Saturday

4. Payment: I enclose a cheque payable to "ATC General Purpose Fund" for £60

5. I confirm I have checked I can be free to attend the course with my school programme or my college/university programme, my exam timetable or my employer and I attach a photograph.  
Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

6. I support this application \_\_\_\_\_ OC Sqn

7. Application supported by Wing HQs \_\_\_\_\_ Wing Ad O/ Wing AO

**AIR CADETS PARAGLIDING COURSES 2010/11**

**CADETS PERSONAL DETAILS, MEDICAL CONSENT FORM AND CERTIFICATE OF HEALTH**

**To be completed fully and signed by the person having parental responsibility or personally by a cadet over 18 years of age and attached to the application form.**

<b>Cadet's Surname:</b>		<b>Forenames:</b>	
<b>Rank:</b>	<b>Male/Female:</b>	<b>ATC Sqn/</b>	
<b>Date of Birth:</b>		<b>Religion:</b>	
<b>Next of Kin/ Person to Contact:</b>		<b>Relationship:</b>	
<b>Home Address:</b>		<b>Telephone No:</b>	
<b>Post Code:</b>			
<b>Contact address and telephone number during the period of training (if different from above):</b>			
<b>Post Code:</b>			

**I wish to take part in the Paragliding Course: No PG /10 from                    to                    .**

<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 take part in Air Cadets Paragliding Course PG /10. I understand that he/she will be subject to Air Cadets care and discipline and must conform to appearance standards required. Permission is given to participate in the course, I give permission to the Officer in Charge 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 Air Cadets care and discipline and must conform to appearance standards required. I wish to participate fully in the Air Cadet Paragliding 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 the cadet's attendance on adventure 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 on the cadet.	
Date _____ Signed _____	Date _____ Signed _____
Name in BLOCK Capitals _____ (Person having Parental Responsibility)	Name in BLOCK Capitals _____ (Cadet over the Age of 18)

**REGARDLESS OF THE CADET'S 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 A CADET MAY SUFFER OR HAVE SUFFERED**

**SURNAME:** ----- **FORENAME (S):** -----

**AIR CADETS PARAGLIDING COURSES 2010/11**

**CADET CERTIFICATE OF HEALTH AND DECLARATION OF FITNESS**

***To be completed and signed by All Cadets wishing to attend the course***

- \* **Notes:**
1. If any of the following do not apply insert “**NONE**” in the box (es).
  2. If any past or present medical condition is declared then advice must be sought from HQ Air Cadets Phys Ed Admin on 01400 267623 prior to the course.

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

Medication	Medical Condition (including any allergies)

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 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 the questionnaire overleaf.

4. \***Declaration.** I understand that I should be well prepared, 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:**.....

**SURNAME:** \_\_\_\_\_ **FORENAME (S):** \_\_\_\_\_

**AIR CADETS PARAGLIDING COURSES 2010/11**  
**ASTHMATICS QUESTIONNAIRE AND DECLARATION - TO BE COMPLETED BY ALL**  
**CADETS WHO SUFFER, OR HAVE SUFFERED, FROM ASTHMA**

\* Delete as appropriate

1. **Questionnaire.** I confirm that I **\*suffer/have suffered** from asthma and wish to declare the following information:

- a. When was your last attack?.....
- b. What preventative medication/inhalers do you use?(include strength and frequency of dose):.....  
.....
- c. What reliever medication/inhalers do you use?:(include strength of dose).....  
.....  
Indicate frequency of use during normal daily activities eg once a day, once a week etc:  
.....  
Indicate frequency of use during routine exercise.....  
.....
- d. Have you ever required hospital admission for your asthma? **\*YES/NO.** If **YES** give details of when:.....
- e. Have you sought advice from your doctor or asthma nurse prior to completing the health declaration? **\*YES/NO.** If **YES** what did your doctor or asthma nurse advise?  
.....  
.....
- f. Any additional comments.....  
.....

2. **Declaration.** I fully understand that I will be taking part in a strenuous activity, which will be undertaken in unusual atmospheric conditions and at various altitudes. Additionally, I confirm I have been advised that, if I am unsure about my fitness to take part in the course I should consult my Doctor or Asthma Nurse, before signing this Certificate and Declaration. Should my asthmatic condition change, requiring any amendment to the above questionnaire, before arriving for the course, or if the change occurs during my participation in the activities I undertake to advise the Officer in Charge.

**Signed** : ..... **Date** : .....