

Detachment Date taken on strength County/Battalion/Sector

Contingent Commander: This form is to be completed in full by a parent or legal guardian and the information made available to the CCF adult in charge when the cadet is away from the detachment.



In confidence once completed

COMBINED CADET FORCE

Cadet Enrolment Form

Applicant's details

First name: ALL initials: Title: Male Female Surname: Current school year: Date of birth: Religion (optional):

Ethnicity¹:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Mixed | <input type="checkbox"/> Asian Bangladeshi | <input type="checkbox"/> Black African |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Asian Other | <input type="checkbox"/> Black Other |
| <input type="checkbox"/> White Other | <input type="checkbox"/> Asian Pakistani | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Chinese |

Address line 1: Address line 2: Town: County: Postcode: Phone number: Mobile number: Evening contact number: Email: NI number (if appropriate): NHS number:

Parent/guardian's consent

I wish my child/dependant to be considered for membership of the Combined CadetForce (CCF). I understand that as part of the CCF syllabus s/he may participate in routine military training and other physically demanding activities including fieldcraft, shooting, expedition training and physical recreation. Yes No

I accept that the Ministry of Defence and/or the CCF cannot be held responsible for any loss or damage to items owned by cadets or their families. Yes No

I accept that I am responsible for the replacement costs of any items of equipment and clothing loaned to the applicant which are lost or damaged. Yes No

The CCF frequently takes photographs and videos of cadets participating in cadet-related activities. These images may be used to promote the organization in print, on the internet and in the media.

Please tick this box if you DO NOT wish your child's image to be used in this way.

¹The Combined Cadet Force is a voluntary youth organization sponsored by the Ministry of Defence and is committed to an equal opportunities policy. Members of the CCF are treated equally regardless of age, race, nationality, ethnic origin, sexual orientation, creed, disability, gender, political belief, or social or economic background. To help monitor this, the CCF asks for information on the ethnic origin of cadets.

Next of kin contact details¹

First name: Middle initial(s): Title:

Surname: Relationship to applicant:

Same as Cadet address: Address line 1²:

Address line 2:

Town: County: Postcode:

Phone number: Mobile number:

Email:

Declaration

Relationship to applicant:

Signature of parent or guardian: _____ Date:

School details

School name:

Headteacher:

School type (secondary, further education, higher education)

Address line 1:

Address line 2:

Town: County: Postcode:

Phone number:

Email:

Swimming ability

Certain activities including kayaking, rafting and sailing may take place in still and/or white water. Is your child able to swim 50 meters wearing light clothing? Yes No

Dietary requirements

My child has the following dietary requirements (please tick)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Dairy allergy | <input type="checkbox"/> Halal | <input type="checkbox"/> No egg products | <input type="checkbox"/> Vegan |
| <input type="checkbox"/> Fish/seafood allergy | <input type="checkbox"/> Kosher | <input type="checkbox"/> No pork products | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Gluten allergy | <input type="checkbox"/> No beef products | <input type="checkbox"/> Nut allergy | <input type="checkbox"/> Wheat allergy |

¹ This area is for the recording of the applicant's PRIMARY next of kin, who may not necessarily be the birth parent. This is the person who is considered to have day-to-day responsibility for the care and welfare of the applicant. If the applicant has an alternative or secondary responsible adult who shares the responsibility for the care and welfare of the applicant, please record their details, in this format, on the final page of this form or on a separate sheet of paper.

² Only required if different from cadet address.

How did you first hear about the CCF?

Applicant's measurements (in centimeters)

Head: Neck: Waist: Inside leg:
Height: Chest: Seat: Shoe size:

Health information statement

We are requesting information on the health of your child in order to help us protect him/her and fulfil our responsibilities for his/her care when involved in CCF activities. There is no intention to ask you for sensitive medical information that you do not wish to divulge.

Your child's safety is our main concern. All CCF activities are supervised by fully qualified adult leaders. To reduce risk to your child and to enable us to protect him/her, it is ESSENTIAL we are aware of any condition that might influence his/her ability to take part safely in a wide range of physical activities. If such a condition exists, the CCF requires a medical certificate, based on your child's medical records, to be signed by his/her doctor and attached to this form.

It is essential you inform us of any changes in your child's medical condition or personal details, as soon as they occur, particularly changes of emergency contact details. You must also advise us if your child is prescribed medication or receives other medical treatment and ensure that s/he has sufficient medication to last for any period that s/he is away from home.

For safety reasons, certain medical conditions may result in a cadet being prohibited from participating in adventurous training or other strenuous activities, even if a medical certificate has been obtained giving the family's permission.

Are you aware of any medical condition that may influence your child's ability to safely take part in strenuous physical activity? Yes No

Is your child currently attending a doctor or hospital? Yes No

Is your child currently taking any medication? Yes No

Has your child any known allergies? Yes No

Does your child have any dietary restrictions other than those already indicated on this form? Yes No

If you have answered "Yes" to any of the above questions, please provide further details overleaf.

Doctor's details

Doctor's name:

Surgery:

Street:

Town: County: Postcode:

Phone number:

Email:

Disability questionnaire

Please notify us of any medical problems which may have a substantial and long-term effect on your child's ability to carry out normal day-to-day activities (please tick all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Speech | <input type="checkbox"/> Concentration | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Inability to move
everyday objects | <input type="checkbox"/> Asthma | <input type="checkbox"/> problems | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Incontinence | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Eyesight | <input type="checkbox"/> Fractures |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Hayfever | <input type="checkbox"/> Manual dexterity | <input type="checkbox"/> Head injury |
| <input type="checkbox"/> Memory | <input type="checkbox"/> Migraine | <input type="checkbox"/> Mobility | <input type="checkbox"/> Allergic reaction |
| <input type="checkbox"/> Personal risk danger | <input type="checkbox"/> Back injury | <input type="checkbox"/> Physical co-ordination | |
| | <input type="checkbox"/> Learning difficulties | <input type="checkbox"/> Diabetes | |

To assist us in the care of your child we need to know if s/he has any problems of a physical nature or has suffered past serious injury. If this is the case, please provide details in the box below on how this affects him/her on a daily basis. Examples include diabetes, asthma or lung disease, epilepsy, recurring blackouts or other loss of consciousness, physical or mental impairment, learning disabilities, dyslexia, multiple sclerosis, heart disease, head, back or spinal injuries, fractures or severe sprains, or any other serious condition you feel the CCF should be made aware of.

Medical consent

In the event of an emergency every effort will be made to contact you as soon as possible.

I hereby give permission for the Medical/Nursing Officer or Commandant to approach my child's doctor or hospital consultant for further information if necessary.

Signature of parent or guardian: _____

Name of parent or guardian: Date:

Additional information