

## ADULT STAFF ACTIVITIES CONSENT FORM

ACTIVITY:

LOCATION:

FROM:

TO:

Surname:		Forenames: (must be as in your passport for overseas camps)
Rank:	Service Number:	ATC Sqn/Wing: CCF Unit:

### NEXT OF KIN/PERSON TO CONTACT

Name:	Relationship:
Home Address:	Home Telephone No: Mobile Telephone No:
Post Code:	E-mail:
Contact address and telephone number during the period of training (if different from above):	
Post Code:	

**I wish to take part in the activity as above**

I certify that I am fit to participate in supervisory duties during the course 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 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:
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**THE CERTIFICATE OF HEALTH/DECLARATION OF FITNESS – CC FORM 3, MUST BE COMPLETED FULLY AND ATTACHED TO THIS CONSENT FORM FOR THE SAFETY AND WELL BEING OF ALL ADULT STAFF. ALL USEFUL INFORMATION SHOULD BE ATTACHED IN ORDER FOR PRE-EXISTING CONDITIONS TO BE MANAGED APPROPRIATELY. IT IS VERY IMPORTANT THAT HONEST STATEMENTS ARE MADE, THIS WILL NOT NECESSARILY PREVENT STAFF TAKING PART IN ACTIVITIES BUT SPECIAL ALLOWANCES OR ARRANGEMENTS CANNOT BE MADE FOR CONDITIONS NOT DECLARED.**