

Activity Form – Staff

Activity		Location		Date From	Date To
Rank	Surname	Forename(s)		Date of Birth	Gender
ATC / CCF Unit		ATC Wing / CCF Area		Nationality	
Religion	Special Religious Needs			Service Number	
Dietary Requirements					
Next of Kin		Relationship		Alternative contact details during activity (if different)	
Home Address (incl. Postcode)		Home Telephone	Mobile Telephone		
		Email			
NHS Number			Doctor's Surgery / Practice		
Doctor's Name			Doctor's Address (including Postcode)		
Doctor's Telephone Number					
Health Questionnaires If you currently, or have ever, suffered from any of the conditions listed below you are to complete a TG Form 23 for EACH condition. Allergies, asthma, behavioural problems, blackouts, chest conditions, diabetes, ear or sinus problems, epilepsy, fainting, headaches, heart conditions, muscular/skeletal problems, vision problems, any previous major illness, any previous major injury, any condition not listed above. If travelling overseas a TG Form 23 is to be completed in respect of any ongoing conditions experienced in the preceding 12 months.					Number of TG Form 23s completed: (one form for each condition)
Data Protection Act 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 the activity will be used or 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 you.					
Declaration I wish to take part in the activity detailed above. I certify that I am fit to participate in supervisory duties and to take part in what may be strenuous pursuits. I have declared all medical matters that may affect my participation. I will inform the officer in charge of any additional medical matter that may occur after signing this form. The names given above are my legal names. Name in BLOCK Letters: _____					
Signature: _____ Date: ___ / ___ / ___					

Health Declaration Form

Surname	Forename(s)	Date of Birth	Gender
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This form is required if you currently, or have ever, suffered from any of the conditions listed below:

Allergies, asthma, behavioural problems, blackouts, chest conditions, diabetes, ear or sinus problems, epilepsy, fainting, headaches, heart conditions, muscular/skeletal problems, vision problems, any previous major illness, any previous major injury, any condition not listed above.

A separate TG Form 23 is to be completed for each medical condition to be declared.

Condition Declared:

Medication(s)

Name	Dosage & Frequency	Storage Requirements

How are you affected by the condition during normal routine activities:

How are you affected by the condition during strenuous activities:

Have you sought advice from a healthcare professional about your condition in relation to this activity?

If Yes, give details of advice given:

Additional information / comments regarding the management of your condition:

Declaration

I fully understand that the activities may be strenuous and conducted in environmental conditions such as dust, fumes, extremes of temperature and altitudes that may aggravate my condition. I confirm that I have consulted a healthcare professional if there is any doubt regarding my suitability of the activity or my fitness / ability to take part in the activity.

Should there be any change in my condition after signing this declaration, I will inform the office in charge of the activity prior to travelling to the activity.

If travelling overseas: I understand that I must give full details of any conditions for which I have been treated in the preceding twelve months of any overseas activities.

Cadet below the age of 16:

Name in BLOCK Letters (parent / guardian):

Signature: _____ Date: ___ / ___ / ___

Cadet age 16 or above (at date of signature):

Name in BLOCK Letters (cadet if aged 16 when signing):

Signature: _____ Date: ___ / ___ / ___