



Combined Cadet Force Consent Certificate (to be completed in <b>BLOCK CAPITALS</b> by the person having parental responsibility)			
<b>Section 1. Personal Details</b>			
Full name of son/daughter			
Date of Birth	Day	Month	Year
Full name of person having parental responsibility			
Relationship to cadet			
<b>Section 2. Consent to Join</b>			
I consent to my son/daughter/ward, named in Section 1, joining the Montsaye CCF. I undertake to be responsible for any clothing and equipment loaned to him/her, which remains the property of Her Majesty's Government, and I will ensure that it is returned in good condition (fair wear and tear excepted) immediately once he/she ceases to be a CCF cadet, or whenever called upon to do so by a duly authorised officer. I note that I can withdraw my permission, in writing, at any time.			
<b>Section 3. Data Protection</b>			
I agree to the CCF recording and processing information about my son/daughter/ward on MOD systems. I understand that this information will be used only for the purposes of administering membership of the CCF and my consent is conditional upon the CCF complying with its duties and obligations under the Data Protection Act. This information will be held and processed for the following purposes:			
a. Maintaining a record of training achievement b. Maintaining a record of next of kin c. Photographic and video release d. Participation in authorised activities e. Maintaining a record of Flying/Gliding Consent f. Maintaining a record of medical condition(s) which could impact on eligibility for activities			
<b>Section 4. Photographic and Video</b>			
The CCF frequently takes photographs/videos of cadets participating in cadet related activities. These images may appear in press publications, promotional videos, website newsrooms, including cadet websites and occasionally on television, to promote and aid recruitment in the CCF. All images are taken and stored within the limitations of the Data Protection Act.			
I consent to my son/daughter/ward's images being used to promote the CCF			
Yes <input style="width: 50px; height: 20px;" type="checkbox"/>		No <input style="width: 50px; height: 20px;" type="checkbox"/>	
Please tick as appropriate			



**Section 5. Participation in cadet activities**

I consent  do not consent

to my son/daughter/ward participating in activities such as fieldcraft, adventure training, Shooting and leadership exercises. These activities are designed to stretch individuals outside their comfort zone, under controlled conditions.

**Section 6. Parental/Guardian Agreement**

I give my approval, as qualified in the consents above for my son/daughter/ward to participate in CCF activities.

I consent  I do not consent

to the Officer in Charge or his appointed representative to act as the person responsible should my son/daughter/ward have to undergo medical treatment including any emergency operation to which I am unable to physically give consent.

I have completed the Medical information below advising the contingent of medical conditions which could impact on the activities in which my son/daughter/ward can participate within the CCF and control measures which may help to mitigate any symptoms. I will inform the school if there is any change to the cadet's medical condition(s) during their involvement with the CCF.

Signature

Date

Please detail below, medical conditions including allergies and dietary requirements which could impact on CCF activities: (include any which may require hospitalisation and/or regular medication). Please also include any control measures which may be required by the cadet to prevent onset of the condition; this will assist staff in handling any activity in which the cadet may be involved.