

**Activity Form – Staff**

<b>Activity</b>		<b>Location</b>		<b>Date From</b>	<b>Date To</b>
<b>Rank</b>	<b>Surname</b>	<b>Forename(s)</b>		<b>Date of Birth</b>	<b>Gender</b>
<b>ATC / CCF Unit</b>		<b>ATC Wing / CCF Area</b>		<b>Nationality</b>	
<b>Religion</b>	<b>Special Religious Needs</b>			<b>Service Number</b>	
<b>Dietary Requirements</b>					
<b>Next of Kin</b>		<b>Relationship</b>		<b>Alternative contact details during activity (if different)</b>	
<b>Home Address (incl. Postcode)</b>		<b>Home Telephone</b>	<b>Mobile Telephone</b>		
		<b>Email</b>			
<b>NHS Number</b>			<b>Doctor's Surgery / Practice</b>		
<b>Doctor's Name</b>			<b>Doctor's Address (including Postcode)</b>		
<b>Doctor's Telephone Number</b>					
<b>Health Questionnaires</b> If you currently, or have ever, suffered from any of the conditions listed below you are to complete a TG Form 23 for <b>EACH condition</b> . 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. <b>If travelling overseas a TG Form 23 is to be completed in respect of any ongoing conditions experienced in the preceding 12 months.</b>					Number of TG Form 23s completed:  <b>(one form for each condition)</b>
<b>Data Protection Act</b> 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.					
<b>Declaration</b> 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.  <b>Name in BLOCK Letters:</b>  _____					
<b>Signature:</b> _____ <b>Date:</b> ___ / ___ / ___					