

Cadet Force Details Update Form

Personal details

1. For CFAVs and cadets over 18 this form is to be filled in by the individual. For cadets under 18 it is to be filled in by the parent/guardian and any references to “You”, “Your” or “My” within this form should be interpreted as being in reference to your child.

| | | | |
|---------------|--|--------------------|--------------|
| Number | | Person type | CFAV / Cadet |
| Rank | | Full Name | |

Contact details

2. Please provide your current contact details. These will only be used in an emergency unless you indicate that they can be used for routine cadet activity.

| | | | |
|---------------------|--|---|----------|
| Phone number | | Can be used for routine cadet activity | Yes / No |
| Address | | Can be used for routine cadet activity | Yes / No |

Next of Kin

3. These are the individuals who will be the default point of contact in an emergency and therefore it is essential they are correct.

| Primary next of kin details | | Alternative next of kin details | |
|-------------------------------------|--|-------------------------------------|--|
| Name | | Name | |
| Relation to Cadet/CFAV | | Relation to Cadet/CFAV | |
| Daytime Phone number | | Daytime Phone number | |
| Evening/Weekend Phone number | | Evening/Weekend Phone number | |
| Address | | Address | |

4.

4. Any dietary requirements for CFAVs and cadets can only be catered for if they are known in advance of an activity; please list any requirements below.

| Ser | Requirement | Remarks |
|-----|-------------|---------|
| 1 | | |
| 2 | | |
| 3 | | |

5.

Factors affecting activity.

5. The Army Cadets do not discriminate on grounds of disability, medical conditions (this includes both physical and/or mental medical conditions) or educational ability. The only reason an individual should be excluded is if the Cadet Forces feel that they are unable to guarantee the safety and wellbeing of all the cadets and CFAVs participating on activities. Most activities can be tailored to the level of ability of the individual but there may be some activities that are not achievable, this decision will be made on a case-by-case basis. To ensure that activities are tailored correctly and the safety and wellbeing of yourself can be ensured, the question below must be answered honestly and frankly:

Which one of the following statements best describes yourself?

| Cat | Description | Tick here |
|-----|---|-----------|
| 1 | I am able to take part in all cadet force activities with no limitations because either: a. I have no current disability/medical condition/educational need. b. My disability/medical condition/educational needs will not affect my performance in cadet activities and does not place me (or other CFAVs/cadets) at risk if the CFAVs on an activity are not aware of it. | |
| 2 | I am able to take part in all cadet force activities, but I have a disability/medical condition/educational need that the activity organiser should be aware of because either: a. My performance in the activities may be limited. b. My condition means I am slightly more at risk than an individual in Category 1. | |
| 3 | There are specific cadet force activities that I will be unable to take part in due to my disability/medical conditions/educational need. | |

6. If you selected either categories 2 or 3 please give details on the continuation sheet. Please note providing as much details as possible will allow us to compile an appropriate risk assessment based on needs.

Signature

7. By signing this form, you agree that all of the details above (and on the continuation sheet) are correct to the best of your knowledge and that that you will inform the Cadet Force if there is any change in your personal circumstances.

Signature..... **Date**.....

Name..... **Relationship to cadet (cadet only)**.....

| | | | |
|---------------|--|--------------------|--------------|
| Number | | Person type | CFAV / Cadet |
| Rank | | Full Name | |

8. If you are taking any medications, please give details below

| Ser | Medication and dosage | How do you wish the prescription to be complied with? (ie self-administered or via a CFAV – for cadets) | What is this medication for? | Does this impact on the ability to carry out cadet activity? |
|------------|------------------------------|--|-------------------------------------|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

| | | | | |
|---|--|--|--|--|
| 4 | | | | |
|---|--|--|--|--|

9.

9. If you selected either category 2 or 3 please give details below:

| Ser | Disability/medical condition/educational need | How will this affect you during cadet activities | How can the Cadet Forces help with this during cadet activity? |
|-----|---|--|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

10.

10. I DO / DO NOT (delete as appropriate) consent to the above-named being given any over the counter medications that maybe required.

Whilst I do consent to over-the-counter medications being given, I DO NOT authorise the following over the counter medications to be given. (If there are any over the counter medications, we cannot give, please list below)

11.

Signature.....

Date.....

Name.....

Relationship to cadet (cadet only).....