

## Training Ground Course Application Form

<b><u>APPLICATION FOR<sup>1</sup></u></b>	
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<b><u>PREFERED DATES<sup>2</sup></u></b>	1.	2.	3.
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**Notes for Completion:**

1. The cadet is to complete Part A.
2. The Sqn Cdr is to complete Part B and despatch the form to reach Wing HQ by any due date; CCF Contingent Cdrs are to forward the form to Sqn Ldr CCF.
3. The Wing HQ is to annotate Part C and forward it to their Regional HQ by any due date.
4. The Regional HQ is to annotate Part D and forward the application to reach (TG Admin), HQ Air Cadets Cranwell, SLEAFORD, NG34 8HB by the required date.

**PART A – TO BE COMPLETED BY THE CADET (IN BLACK INK AND BLOCK CAPITALS)**

SURNAME _____	FORENAME(S) _____
DATE OF BIRTH _____	TEL NO _____
HOME ADDRESS _____	SQN _____
POSTAL CODE _____	WG _____
E-MAIL ADDRESS _____	RGN _____
RANK _____	I do not wish to receive information about the course branch/trade from the Directorate of Recruiting <input type="checkbox"/>
DATE _____	SIGNATURE _____

**PART B – RECOMMENDATION OF THE SQN/CONTINGENT CDR**

SIGNATURE _____	RANK _____	NAME _____	
DATE _____	OC NO _____	( _____ )	SQN ATC/CCF Contingent _____

**PART C – APPLICATION PROCESSED BY WG (as required)**      Signed \_\_\_\_\_      Date \_\_\_\_\_

**PART D - APPLICATION PROCESSED BY REGION (as required)**      Signed \_\_\_\_\_      Date \_\_\_\_\_

<sup>1</sup> Insert Course Name applying for.  
<sup>2</sup> Insert course dates in order of preference.

MEDICAL IN CONFIDENCE  
(When completed)  
**WORK EXPERIENCE COURSE**  
**MEDICAL CERTIFICATE**

(To be completed by the person having parental responsibility and returned to the Sqn/Contingent Commander)

1. Cadet's Name \_\_\_\_\_

2. ATC Squadron /CCF Contingent \_\_\_\_\_

3. Is the Cadet currently attending a doctor or hospital? YES/NO

4. If the answer to 3 is YES:

a. Please give details of the condition for which he/she is attending:

\_\_\_\_\_

b. Will the condition still be active by the time the Course starts?

\_\_\_\_\_

5. Has the Cadet at any time suffered from any of the following? (Please tick any condition that is relevant, and state if it is current).

<u>Relevant</u>		<u>Current</u>
<input type="checkbox"/>	a. Asthma.	<input type="checkbox"/>
<input type="checkbox"/>	b. Diabetes Mellitus.	<input type="checkbox"/>
<input type="checkbox"/>	c. Epilepsy, recurring 'blackouts' or other sudden loss of consciousness.	<input type="checkbox"/>
<input type="checkbox"/>	d. Migraine.	<input type="checkbox"/>
<input type="checkbox"/>	e. Injury to the head (sufficient to render unconscious and/or to fracture the skull).	<input type="checkbox"/>
<input type="checkbox"/>	f. Fractures or severe sprains.	<input type="checkbox"/>
<input type="checkbox"/>	g. Any disease of the heart or lungs. If so, give details.	<input type="checkbox"/>
<input type="checkbox"/>	h. Rheumatic Fever.	<input type="checkbox"/>
<input type="checkbox"/>	i. Injury to the back (including slipped disc) or spine.	<input type="checkbox"/>
<input type="checkbox"/>	j. Hay fever.	<input type="checkbox"/>

6. Has the Cadet ever required psychiatric counselling or advice? YES/NO

7. If the answer to 6 is YES, please give details.

8. Does the Cadet have any allergies? YES/NO

9. If the answer to 8 is YES, please give details of allergy and prescribed treatment.

10. Has the Cadet at any time attended a hospital either as an inpatient or outpatient?  
YES/NO

11. If the answer to 10 is YES:

