

Air Training Corps Consent Certificate

RAF Form 3822A

Section 1. Personal Details						
to be completed in BLOCK CAPITALS by the person having parental responsibility						
Full Name of son/daughter/ward						
Date of Birth	Day: DD	Month: MM	Year: YYYY	Gender:		
Full Name of person with parental responsibility						
Relationship to Cadet						

PLEASE ATTACH
A RECENT
PASSPORT-SIZED
PHOTOGRAPH

Section 2. Consent to Join

I consent to my son/daughter/ward, named in section 1, joining the Air Training Corps.

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 he/she ceases to be an ATC 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

Section 3. Data Protection

I agree to the ATC 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 administrating his/her membership of the ATC and my consent is conditional upon the ATC complying with its duties and obligations under the Data Protection Act.

This information will be held and processed for the following purposes:

- Maintaining a record of training achievement
- Maintaining a record of next of kin
- Photographic & Video release
- Participation in authorised activities
- Maintaining a record of Flying/Gliding Consent
- Maintaining a record of medical condition(s) which could impact on eligibility for activities.

Section 4. Photographic & Video

The ATC frequently takes photographs/videos of cadets participating in cadet related activities. These images may appear in press publications, promotional videos, website newsrooms, including cadet web sites and occasionally on television, to promote and aid recruitment in the ATC.

All images are taken and stored within the limitations of the Data Protection Act. Home addresses are never released by the ATC to the media.

I consent to my son/daughter/ward's images being used to promote the ATC. Yes No

Section 5. Participation in Activities

As part of the normal ATC programme, cadets may participate in strenuous physical activities such as fieldcraft, adventure training and leadership exercises.

These activities are designed to stretch individuals outside their comfort zone, under controlled conditions, led by appropriately qualified staff.

I consent to my son/daughter/ward participating in strenuous physical activities Yes No

Section 6. Flying

As a Cadet, your son/daughter/ward may have the opportunity to fly as a passenger in a military-operated aircraft, ranging from commercial passenger types to helicopters to front line operational aircraft ('fast jet').

On such sorties they may be invited to handle the flying controls, under supervision. They will have been thoroughly briefed and appropriately equipped (e.g. with a flying suit, helmet and parachute for some aircraft) before they go flying. In due course your son/daughter/ward may apply and be selected to undertake formal flying instruction and be trained to fly solo.

Medical fitness of cadets is important for the safety of aircraft and the crew and it could be unsafe for some to fly in certain aircraft types. All pilots and instructors are required to meet stringent training and medical standards and are appropriately supervised. You should be aware that in some cases the gliding instructor could be an appropriately qualified cadet.

Whilst the MOD does all it can to reduce the risks associated with flying to 'as low as reasonably practicable', and your son/daughter/ward will be carefully supervised, there is a residual risk to any flying activity. Whilst accidents are rare, they can happen and may have fatal results.

Consent to Flying/Gliding

I Consent to my son/daughter/ward flying in the following categories of aircraft:

	Yes	No
British and NATO military passenger transport aircraft and helicopters	<input type="checkbox"/>	<input type="checkbox"/>
Other types of British and NATO military aircraft including high performance jets	<input type="checkbox"/>	<input type="checkbox"/>
British military light aircraft and gliders for the purposes of air experience and instruction	<input type="checkbox"/>	<input type="checkbox"/>
RAF gliders and powered aircraft on his/her own as a solo pilot	<input type="checkbox"/>	<input type="checkbox"/>

Parental / Guardian Agreement

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

I consent / do not consent (*please delete one*) 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 overleaf advising the squadron of medical conditions which could impact on the activities in which my son/daughter/ward can participate within the ATC and control measures which may help to mitigate any symptoms. I will inform the Commanding Officer if there is any change to the cadet's medical condition(s) during their involvement with the ATC.

Signature: _____ Date: _____

Contact Details

Full Home Address:			
		Postcode:	
Cadet	<i>Home Phone:</i>		<i>Mobile Phone:</i>
	<i>E-Mail Address:</i>		
Next of Kin	<i>Work Phone:</i>		<i>Mobile Phone:</i>
	<i>E-Mail Address:</i>		
School			
Other Contact Details			

Cadet Medical Information

Asthma:	Yes / No	<i>Inhaler used:</i>	Yes / No	Type:		Severity:	
Diabetes:	Yes / No	<i>Controlled by:</i>					
Allergies:	Yes / No	<i>(if yes, please circle any that apply and indicate the severity)</i>				Epipen:	Yes / No
Nut:			Seafood:			Penicillin:	
Wheat:			Lactose:			Hay fever / Pollen:	
Other (specify):							
Dietary Restrictions:	Vegetarian		Vegan		Halal		Kosher
Details / Other (specify):							
Medical Conditions which could impact on ATC activities:	<small>Include anything 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 the staff in handling any activity in which the cadet may be involved. Return this form in an envelope if information is listed.</small>						
<i>NIL / Details (attach additional pages if necessary)</i>							
GP Details:							
						NHS/CHI/HSCN No.	

Name of person completing medical information

Signature

BADER No <i>(allocated automatically by the MOD system)</i> :	
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