

PERSONAL - PROTECT
STATIONERS' CROWN WOODS ACADEMY COMBINED CADET FORCE
"WESTMINSTER" CADET DATABASE INFORMATION SHEET AND
ENROLMENT FORM

Detachment / Unit	Royal Marines Section SCWA CCF
Date of Joining (Taken On Strength)	Today's Date:
District	London District
Cadet Rank (leave blank)	
First Name	
Initials	
Surname	
Home School	Arden / Delamere / Sherwood / Ashdown
School Year	10 / 11 / 12
Date of Birth	
Age	
Sex	
NHS Number (if known)	
Religion	
Ethnicity	
Address Line 1	
Address Line 2	
Town	
County	
Postcode	
Mobile number of applicant	
Home phone number of applicant	
Evening contact number of applicant	
E-Mail address of applicant	
National Insurance Number (if applicable)	

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<p>Is the applicant a musician? If so, what instrument(s) do they play and to what standard?</p>	
<p>I accept that the Ministry of Defence and CCF cannot be held responsible for any loss or damage to items owned by cadets or their families, whilst engaged in CCF activities. (Parent / Carer to sign & date)</p>	<p>Signed _____ Date _____</p>
<p>I accept that I am responsible for the replacement costs of any items of equipment and clothing loaned to the applicant which are lost, damaged or not returned. (Parent / Carer to sign & date)</p>	<p>Signed _____ Date _____</p>
<p>The Cadet Force frequently takes photographs / videos of cadets participating in cadet related activities. These images may appear in newsletters, press, publications, promotional videos and Cadet websites in order to promote the Cadet Force. I consent to the above named applicant's images being used to promote the Cadet Force - consent will remain valid for the full period of cadet membership until the age of 18. (Parent / Carer to sign & date)</p>	<p>Signed _____ Date _____</p>
<p>Please supply below the primary next of kin contact details</p>	
<p>First name of primary next of kin</p>	
<p>Initials</p>	
<p>Surname</p>	
<p>Title</p>	
<p>Relationship to applicant</p>	
<p>Does the Primary Next of Kin Contact share same address as applicant?</p>	<p>Yes* / No* (*Delete as applicable) If No, complete address details below – if Yes, leave the address area blank</p>
<p>Address Line 1</p>	

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Address Line 2	
Town	
County	
Postcode	
Phone number	
Mobile number	
E-Mail address	
Declaration Signed	Yes
Alternative Next of Kin Contact	
First name	
Initials	
Surname	
Title	
Relationship to applicant	
Does the alternative Next of Kin Contact share same address as applicant?	Yes* / No* (*Delete as applicable) If No, complete address details below – if Yes, leave the address area blank
Address Line 1	
Address Line 2	
Town	
County	
Postcode	
Phone number	
Mobile number	
E-Mail address	
School & Miscellaneous Details	

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<p>Can your son / daughter swim 50 metres unaided?</p> <p>Royal Marines swimming and training on water is part of the syllabus</p>	<p>Yes* / No* (*Delete as applicable)</p>
<p>Special dietary requirements and food allergies (Please tick, circle or highlight if applicable)</p>	<p>No Dietary Restrictions Dairy Allergy Fish / Seafood Allergy Gluten Free Halal Kosher No Beef Products No Egg Products No Pork Products Nut Allergy Vegan Vegetarian Wheat Allergy</p>
<p>Uniform Measurement Sizes</p>	
<p>Head circumference (cm)</p>	
<p>Height (cm)</p>	
<p>Neck (cm)</p>	
<p>Chest (cm)</p>	
<p>Waist (cm)</p>	
<p>Seat (cm)</p>	
<p>Inside Leg (cm)</p>	
<p>Shoe Size (UK)</p>	
<p>Are you aware of any medical condition that may influence the applicant's ability to safely take part in strenuous physical activity? If 'yes' please give details.</p>	<p>Yes* / No* (*Delete as applicable)</p> <p>Details:</p>
<p>Is the applicant currently attending a doctor or hospital? If 'yes' please give details.</p>	<p>Yes* / No* (*Delete as applicable)</p> <p>Details:</p>
<p>Is the applicant currently taking any medication? If 'yes' please give details.</p>	<p>Yes* / No* (Delete as applicable)</p>

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	Details:
Does the applicant have any known allergies? If 'yes', please give details	Yes* / No* (*Delete as applicable) Details:
Does the applicant have any dietary restrictions, other than those shown on the previous page? If "yes", please give details	Yes* / No* (*Delete as applicable) Details:
Applicant's Doctor's (GP) name	
Surgery	
Building Number and Street	
Town	
County	
Postcode	
Phone number	
Doctor's E-Mail address (if known)	
Does the applicant have or display any of the following? Please tick, circle or highlight as applicable. Please give details of any conditions in box below.	<p>No medical conditions</p> <p>ADHD</p> <p>Allergic Reaction</p> <p>Asthma</p> <p>Back injury</p> <p>Concentration problems</p> <p>Diabetes</p> <p>Dyslexia</p> <p>Dyspraxia</p> <p>Eczema</p> <p>Epilepsy</p> <p>Eyesight</p> <p>Fractures</p> <p>Hayfever</p> <p>Head Injury</p> <p>Hearing</p> <p>Heart Disease</p> <p>Inability to move objects</p> <p>Incontinence</p> <p>Learning difficulties</p> <p>Manual dexterity</p> <p>Memory</p> <p>Migraine</p> <p>Mobility</p> <p>Personal risk danger</p>

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	Physical coordination Rheumatic fever Speech	
Is consent given to contact applicant's doctor, if necessary?	Yes */ No* (*Delete as applicable)	
Additional information concerning any known conditions above		
<p>Declaration</p> <p>I give my son / daughter, whose details are provided above, permission to train with the Combined Cadet Force. I undertake to notify the Contingent Commander of Stationers' Crown Woods Academy CCF immediately should I wish to withdraw such permission or in the event that my son/ward no longer wishes to participate in CCF activities.</p> <p>I further agree to arrange for the return of all kit and uniform issued is returned, clean and in good condition.</p> <p>I understand that a cadet should train for a minimum of 3 terms in order to gain real benefit from membership/experience of activities.</p>	<p>Name _____</p> <p>Relationship to cadet _____</p> <p>Signed _____</p> <p>Date _____</p>	
Any other relevant information not included above which you wish to make CCF Staff aware of		
£10 Annual CCF membership fee, payable in January each year	£10 enclosed, either in cash, or cheque payable to "Stationers' Crown Woods Academy"	Received