

**APPLICATION FOR CADET LEADERSHIP COURSE AT FRIMLEY PARK 2007**

**Notes for Completion:**

1. The cadet is to complete Part A.
2. The Sqn Cdr is personally to check that the cadet is eligible (ACTI 83).
3. The Sqn Cdr is to complete Part B and despatch the form to reach Wing HQ by 15 Mar 07.
4. The Wing HQ is to complete Part C **after all applications have been received and forward them (in one single batch)**, to reach Regional HQ by 30 Mar 07.
5. The Regional HQ is to complete Part D **after all batches from Wings have been received and forward them (in one single batch)**, to reach TG Admin, HQ Air Cadets by 13 Apr 07.

**PART A - APPLICATION BY CADET**

SURNAME \_\_\_\_\_ FORENAME(S) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE AT JULY YEAR \_\_\_\_\_ GENDER \_\_\_\_\_  
OF COURSE

HOME ADDRESS \_\_\_\_\_

POST CODE \_\_\_\_\_ TEL NO \_\_\_\_\_

SQN \_\_\_\_\_ WING \_\_\_\_\_

PRESENT ATC RANK \_\_\_\_\_ TIME IN THE RANK \_\_\_\_\_ years \_\_\_\_\_ months

PRESENT CLASSIFICATION (ie Senior or Staff Cadet) \_\_\_\_\_ DATE GAINED \_\_\_\_\_

DATE ENROLLED \_\_\_\_\_ EXPECTED REMAINING ATC SERVICE \_\_\_\_\_ years \_\_\_\_\_ months

CHOICE OF COURSE (Write your choice - "1st", "2nd", "3rd" - in the available spaces. Put an "X" instead of a choice where you do not wish to be considered for the particular course):

Frimley Park: Course 109 \_\_\_\_\_ Course 110 \_\_\_\_\_ Course 111 \_\_\_\_\_  
(8-14 Jul) (15-21 Jul) (22-28 Jul)

NARRATIVE (State briefly what you hope to achieve in the ATC and what career or job you intend to pursue. How do you think the Course will help you achieve your aim?)

**I CERTIFY THAT I HAVE COMPLETED A 1½ RUN IN 11 MINUTES FOR MALES OR IN 12½ MINUTES FOR FEMALES AND 30 PRESS-UPS FOR MALES OR 15 PRESS-UPS FOR FEMALES. I UNDERSTAND I MUST BE PHYSICALLY FIT FOR THIS COURSE AND THAT IF I AM UNFIT ON ARRIVAL I SHALL BE SENT HOME.**

Date \_\_\_\_\_ Signature of Cadet \_\_\_\_\_

**PART B - SQUADRON COMMANDER'S REPORT AND CERTIFICATE**

REPORT (Comment on the candidate's appearance, determination, bearing, physical fitness, strength of character, personal qualities, loyalty to the Corps and intentions for the future).

I award the cadet priority number \_\_\_\_\_ out of \_\_\_\_\_ candidates.

**CERTIFICATE.** I certify that:

- a. This candidate meets all the eligibility criteria of ACTI No 83.
- b. Where, exceptionally, an extension of the upper age limit is requested I have given reasons in my report, above.
- c. The cadet has not previously attended a Frimley Park or RAF Stafford leadership course.
- d. The cadet has run 1½ miles in 11 minutes (male) or 12½ minutes (female) within the last 2 months.
- e. The cadet has performed 30 (male) or 15 (female) genuine press-ups.
- f. The cadet must be at least 16 yrs of age, but not 18 yrs old, by the start of their course.

**g. I UNDERSTAND THAT CADETS WHO ARE NOT PHYSICALLY FIT ON ARRIVAL WILL BE SENT HOME AND I UNDERTAKE TO INFORM CCF ADMIN, HQ AC (TG AO) IF AT ANY TIME BEFORE THE COURSE STARTS I HAVE REASON TO DOUBT THE CADET'S FITNESS.**

Signature \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_

Date \_\_\_\_\_ OC No \_\_\_\_\_ ( ) Sqn ATC

**PART C - ASSESSMENT BY WING**

This cadet is strongly recommended/  
recommended/not recommended and is  
awarded priority number \_\_\_\_\_  
from a total number of \_\_\_\_\_  
candidates from this Wing

Signature \_\_\_\_\_

Appointment \_\_\_\_\_

Date \_\_\_\_\_

**PART D - ASSESSMENT BY REGION**

This cadet is strongly recommended/  
recommended/not recommended and is  
awarded priority number \_\_\_\_\_  
from a total number of \_\_\_\_\_  
candidates from this Region

Signature \_\_\_\_\_

Appointment \_\_\_\_\_

Date \_\_\_\_\_

NOTE: The requirement here is to place cadets in an overall order of merit - please do not attempt to give separate orders of merit for each course.

**CADET LEADERSHIP COURSES**  
**MEDICAL CERTIFICATE**

(To be completed by the person having parental responsibility and returned to the ATC Squadron Commander)

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

2. ATC Squadron and Wing \_\_\_\_\_

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).

Relevant		Current
<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:

