

Wing Ref: _____

Region Ref: _____

REGION AIR TRAINING CORPS
APPLICATION FOR APPROVAL OF FIELD-CRAFT TRAINING
(to be completed in Duplicate - One copy for retention at Region HQ)

TO BE SUBMITTED TO WHQ NO LATER THAN 6 WEEKS PRIOR TO ACTIVITY

1. **Submitted by:**
(include contact details) _____

Wing: _____

2. **Proposed Date(s) of Fieldcraft Training / Exercise:** _____

a. ETD Squadron at _____ hours on _____

b. ETA Squadron _____ hours on _____
(on completion)

3. **A Co-ordinating Instruction, RASP* and sequence of events must be attached.**

4. **Location / Area:** _____

GSGS Sheet _____ Map Reference _____
(Trace / photocopy from GSGS Sheet of proposed area(s) of training / exercise is to be attached. Bivouac sites etc should be included).

5. **Additional Approval:**

Has application been made to any other authority (ie HQ Army District / MOD Trg Area) in connection with this activity? YES / NO*

(If 'YES' state name of authority and enclose copy of approval).

6. **Type of Fieldcraft Training / Exercise** (list Lesson/Practice Numbers):

7. Supervisory Staff	Name	Qualification / Experience i.e. SAAI / WI / qCWHT/ Comp Inst
Adult IC	_____	
Other Adults	_____	

Total	_____	

8. **Cadets**

Male _____ Female _____ Total _____

If female cadets are included, state type of accommodation
Tented / Permanent _____

9. **Ration Allowance Claim** (Refer to ACP 20B Instruction 302).

Adults	X	X	day(s) =
Cadets	X	X	day(s) =

10. **Method of Travel.** (SOV, P/Car etc) : _____

11. **Travel Costs**

a.	Cost of Travel (Accts 4 attached)	£ _____
b.	Estimated amount to be claimed on F1771, if any	£ _____
c.	Grant sought to help defray costs	£ _____

12. **Certificate of Planning Officer**

I have read and understood the instructions on Fieldcraft Training contained in ACP 16 and I am satisfied that risk assessments and sufficient Competent Instructors and serviceable equipment are available to meet all the objectives of the Training / Exercise at paragraph 6.

Date _____ Signed _____ Name _____

13. **Certificate and Remarks by Sqn Cdr**

I have examined the details of the Fieldcraft activity at para 6 and I am satisfied that the necessary planning has taken place, that the training objectives are realistic and achievable for the cadets involved, that it is within the competence of the supervisory staff nominated at para 7 and all precursor cadet training to the listed activities has taken place. I confirm that a Parents Consent Form and Certificate of Health will be/has been* obtained for every cadet taking part.

Additional Comments:

Date _____ Signed _____ OC _____ Sqn _____

14. **Remarks / Recommendation of Wing Headquarters**

Recommended / Not Recommended*

Remarks :

Amount allocated from Wing budget:	SOV/Coach	£ _____
	Private Cars	£ _____

A brief report to WHQ on this Fieldcraft activity (including any points of note for the future) is / is not* required.

Date _____ Signed _____ Appt _____

15. **Remarks / Decision of Regional Headquarters**

Approved / Not Approved* Adult / Cadet Ratio Day ____:____ Night ____:____

Date _____ Signed _____

Sqn Ldr
ARC ACRHQ ()

* Delete as appropriate.

If there is insufficient space in any paragraph, attach additional details on a separate sheet of paper.