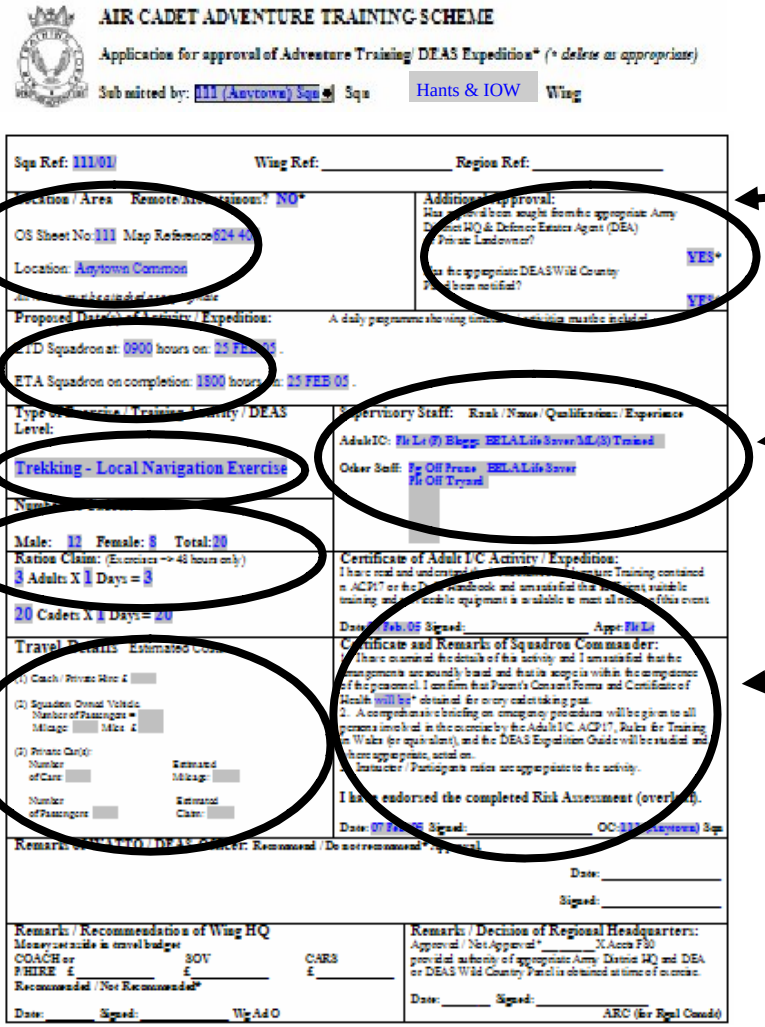
Show start grid reference, sheet number and location of activity

Show time you plan to depart from your Squadron HQ

Enter type of activity here

Show number of Cadets

Travel info – include Accts41 if you wish to claim for Squadron Owned Vehicles (SOV) or collective travel



AIR CADET ADVENTURE TRAINING SCHEME

Application for approval of Adventure Training/ DEAS Expedition* (* delete as appropriate)

Submitted by: 111 (Anytown) Sqn Sqn Hants & IOW Wing

Sqn Ref: 111/01/ Wing Ref: _____ Region Ref: _____

Location / Area Remote/Mountainous? NO*

OS Sheet No: 111 Map Reference 624 40

Location: Anytown Common

Additional Approval:
Has approval been sought from the appropriate Army District HQ & Defence Estates Agent (DEA) or Private Landowner? YES*
Has the appropriate DEAS Wild Country Panel been notified? YES*

Proposed Date(s) of Activity / Expedition: A daily programme showing time [illegible] activities must be included.

ETD Squadron at: 0900 hours on: 25 FEB 05 .

ETA Squadron on completion: 1800 hours on: 25 FEB 05 .

Type of Exercise / Training Activity / DEAS Level:

Trekking - Local Navigation Exercise

Supervisory Staff: Rank / Name / Qualifications / Experience

Adult IC: Flt Lt (F) Bloggs BELA/Life Saver/ML(3) Trained

Other Staff: Fg Off Prune BELA/Life Saver
Flt Off Tryard

Number of Cadets:

Male: 12 Female: 8 Total: 20

Ration Claim: (Exercises => 48 hours only)
3 Adults X 1 Days = 3

20 Cadets X 1 Days = 20

Certificate of Adult I/C Activity / Expedition:
I have read and understand [illegible] Adventure Training contained in ACP17 or the [illegible] handbook and am satisfied that [illegible] suitable training and [illegible] equipment is available to meet all needs of this event.

Date: [illegible] Feb 05 Signed: _____ Appt: Flt Lt

Travel Details Estimated Costs:

(1) Coach / Private Hire £

(2) Squadron Owned Vehicle
Number of Passengers =
Mileage Miles £

(3) Private Car(s):
Number of Cars Estimated Mileage:
Number of Passengers Estimated Claim:

Certificate and Remarks of Squadron Commander:
1. I have examined the details of this activity and I am satisfied that the arrangements are soundly based and that its scope is within the competence of the personnel. I confirm that Parent's Consent Forms and Certificate of Health will be* obtained for every cadet taking part.
2. A comprehensive briefing on emergency procedures will be given to all persons involved in the exercise by the Adult I/C ACP17, Rules for Training in Wales (or equivalent), and the DEAS Expedition Guide will be studied and where appropriate, acted on.
3. Instructor / Participants ratios are appropriate to the activity.

I have endorsed the completed Risk Assessment (overleaf).

Date: 07 Feb 05 Signed: _____ OC: 111 (Anytown) Sqn

Remarks of WING HQ / DEAS Officer: Recommend / Do not recommend* Approval.

Date: _____

Signed: _____

Remarks / Recommendation of Wing HQ
Money set aside in travel budget
COACH or P/HIRE £ _____ SOV £ _____ CARS £ _____
Recommended / Not Recommended*

Date: _____ Signed: _____ Wg Ad O

Remarks / Decision of Regional Headquarters:
Approval / Not Approved* _____ X Accts F30
provided authority of appropriate Army District HQ and DEA or DEAS Wild Country Panel is obtained at time of exercise.

Date: _____ Signed: _____ ARC (for Rgnl Comdt)

Indicate whether you have permission to use Mod or private land (if yes – include letter from land owner)

Show staff details – include Rank/ Name qualifications and experience

(a minimum of 1:10 for normal country + 1:5 for night ex's or Wild Country)

IC Activity + Squadron Co's declaration – sign and date.