Activity Form – Staff

Activity	Location	Date From	Date To

Rank	Surname	Forename(s)	Date of Birth	Gender

ATC / CCF Unit	ATC Wing / CCF Area	Nationality

Religion	Special Religious Needs	Service Number

Dietary Requirements

Next of Kin	Relationship		Alternative contact details during activity (if different)
Home Address (incl. Postcode)	**Home Telephone**	**Mobile Telephone**	
	Email		

NHS Number	Doctor's Surgery / Practice
Doctor's Name	**Doctor's Address** (including Postcode)
Doctor's Telephone Number	

Health Questionnaires
If you currently, or have ever, suffered from any of the conditions listed below you are to complete a TG Form 23 **for EACH condition**.
Allergies, asthma, behavioural problems, blackouts, chest conditions, diabetes, ear or sinus problems, epilepsy, fainting, headaches, heart conditions, muscular/skeletal problems, vision problems, any previous major illness, any previous major injury, any condition not listed above.
If travelling overseas a TG Form 23 is to be completed in respect of any ongoing conditions experienced in the preceding 12 months.

Number of TG Form 23s completed:

(one form for each condition)

Data Protection Act

DPA 2018. This form contains personal data as defined by the DPA 2018. The RAFAC will protect the personal data provided and ensure that it is not passed to anyone who is not authorised to see it. The information provided will be processed in accordance with the regulations contained in the Act and the RAFAC privacy notice which is available at the links below:

https://www.raf.mod.uk/aircadets/the-hangar/staff-resources/ RAFAC Privacy Notice Cadet RAFAC Privacy Notice CFAV

Declaration
I wish to take part in the activity detailed above.

I certify that I am fit to participate in supervisory duties and to take part in what may be strenuous pursuits. I have declared all medical matters that may affect my participation. I will inform the officer in charge of any additional medical matter that may occur after signing this form. The names given above are my legal names.

Name in BLOCK Letters:

_____

Signature: _____ **Date: __/__/__**