

15th June 2022

Dear Parents and Guardians

Cadet Summer Camp Beckingham 2022 FINAL INFORMATION NOTICE:

I write to you in my capacity as Officer in Command of the Brooke Weston Trust Combined Cadet Force (CCF) and wish to update you on the Cadet Summer Camp, which will be held at Beckingham Camp, Woodgate Lane, Beckingham, Lincoln LN5 ORL **from Sunday 26th June 2022 to Wednesday 29th June 2022.**

We will have a Personal Development Day (PD) which include land based and water-based activities, for this some old sports kit and trainers are required, see kit list below.

To secure the place we require you to return the following documentation, all of which is to be completed via a secure online form using the link below:

If you cannot complete the online form please find at the end of this letter copies of the forms to be returned. Please print off and complete these forms if you are unable to return the electronic forms. The deadline for return is the same.

<https://forms.office.com/Pages/ResponsePage.aspx?id=vKCZSi63gkqAxuiwMPI6wTxwUngxOpZKrxadbuDVYPtUODc1TzNNMVZDMExTU0VGVEJBMkxMUVpTMS4u>

1. **Annexe A: BWT CCF Trip Consent Form**
2. **Annexe B: BWT CCF Student Contact Details Form**
3. **Annexe C: BWT CCF Medical form**
4. **Annexe D: Physical Activity Readiness Questionnaire (PARQ)**
5. **Annexe E: Kit list (not for return)**

The online forms need to be completed and returned to WO1 N Barrett RM, the CCF School Staff Instructor (using the online link) by no later than 1200hrs Wednesday 22nd June 2022 2022.

Receipt of the forms will confirm that a place on the Cadet Summer Camp has been secured.

RETURN DEADLINE FOR FORMS Wednesday 22nd June 2022 (or before)
Journey Departure & Return:

Transport to the Event training area will be by coach; where the transport timings and locations are shown below:

Departure:

Cadets are required to report to the Academy named below on Sunday 26-June 2022;

- **Where Cadets attending Corby academies/schools:**
 - Corby Academies – 0845hrs > Departure Corby Business Academy, Gretton Road, Priors Hall, Corby.
- **Where Cadets attending Kettering academies:**
 - Kettering Academies – 0845hrs > Departure Kettering Science Academy, Deeble Road, Kettering.
- Parents/Guardians are required to drop-off their son/daughter at the requisite location in their Cadet Uniform with their equipment. Individuals wearing uniform when travelling in public is not permissible. There will not be the option to change when they arrive at their Academy.

Return:

We expect to return on Wednesday 29th June 2022, 1930hrs (Please note this will be dependent on the traffic along the journey).

- Parents/Guardians are required to collect their son/daughter from the following locations:
 - Corby Academies – Corby Business Academy, Gretton Road, Priors Hall, Corby.
 - Kettering Academies – Kettering Science Academy, Deeble Road, Kettering.

We are extremely excited and proud to offer this opportunity to our Cadets and look forward to receiving the completed forms as swiftly as possible

Should you have any queries please contact me directly by email at the address below.

Yours sincerely

M Isherwood

M ISHERWOOD (Capt.)
Officer Commanding
Brooke Weston Trust CCF
misherwood@brookewestontrust.org

Annex: A. BWT CCF Trip Consent Form

ALL PAGES of this consent form must be completed, signed by Parent/Guardian, and returned to WO1 N Barrett RM (details at end of form) thereby agreeing to the conditions below and that the named student may join the trip. **A place cannot be reserved before this form is returned.**

Trip Consent and Medical Form

Trip Name/Destination Beckingham Camp June 26 - 29	Student Name	ACADEMY
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Cost of Trip : NO CHARGE

Insurance: This Cadet Force activity is fully insured through the insurance cover provided by the Reserve Army and Cadet Forces.

Declaration

- ✓ I consent to my son/daughter taking part in this visit.
- ✓ I understand the costing information and insurance arrangements for the proposed visit.
- ✓ My son/daughter is in good health and able to participate in the proposed activities.
- ✓ I have noted where and when the pupils are to depart from and I understand that I am responsible for my child getting safely to that place.
- ✓ I have noted where and when the pupils are to be returned and I understand that I am responsible for my child getting home safely from that place.
- ✓ I have completed the required medical details (overleaf) and give permission for proprietary medicines (as indicated) to be administered if deemed necessary.
- ✓ I will notify the School of any changes in circumstances that affect his/her participation.
- ✓ In the event of an emergency, I agree to my child being given any medical, surgical, optical, or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- ✓ I will ensure that adequate supplies of medication are provided (when appropriate).
- ✓ I agree to my son / daughter taking part in the above stated visit and, having read the information sheet, agree to his/her participation in any or all of the activities described.
- ✓ I acknowledge the need for good conduct and responsible behaviour on his/her part.

Signature of Parent/Guardian	Print Name	Date

This Trip Consent Form should be completed and returned to WO1 N Barrett RM

WO1 N Barrett RM will administer the booking arrangements, & retain copies of the originals as back-up records.

ON SUCCESSFUL COMPLETION OF THE TRIP ALL DOCUMENTATION CONTAINING PERSONAL DETAILS WILL BE DESTROYED

Annex B. Pupil and Contact Details

Trip Name/Destination Beckingham Camp June 26 -29	Student Name	Academy
Departing 26 June 0900		Returning & Collection June 29 1930
Home Telephone (incl area code)	Work Telephone (incl area code)	
Mobile No (father)	Mobile No (mother)	
Email		
Postal Address		

Emergency contact details [Please state an alternative contact point (e.g. family member, friend)]:

Name and address of contact
Telephone

This Student Contact Details form should be completed and returned to WO1 N Barrett RM who will administer the booking arrangements, & retain copies of the originals as back-up records.

ON SUCCESSFUL COMPLETION OF THE TRIP ALL DOCUMENTATION CONTAINING PERSONAL DETAILS WILL BE DESTROYED

ANNEX C: Medical Information

<p>Please ensure that all necessary and relevant medical information is given so that staff can look after your child appropriately. If anything changes between completing this form and the trip please make the trip organisers aware. Expand on a separate sheet if needed. All information should be treated as confidential.</p>		
<p>If your son/daughter suffers from any of the following conditions please circle yes and give details. Expand on a separate sheet if needed.</p>		
Asthma, Bronchitis, Chest problems, Diabetes, Epilepsy, Fainting attacks, Heart trouble, Migraine.	Yes/No	
Does your child suffer from any other condition requiring medical treatment, including medication?	Yes/No	
Is your child allergic or sensitive to any medication, insect bites, food?	Yes/No	
Is your child fully up to date with Tetanus immunisations? Is your child up to date with all immunisations recommended for the UK? (of particular interest are Meningococcal C and Mumps, Measles and Rubella)	Yes/No Yes/No	Please state which vaccinations not received
Does your child suffer from any phobias?	Yes/No	
Is your child taking any form of medication on a regular basis? If YES , please give full details, including the type of medication and dosage	Yes/No	
The following proprietary medicines may be given; Paracetamol, Ibuprofen, Antihistamine	Yes/No	
Please list any medications that must not be given <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		
Any other information that staff and medical professionals might find useful, should your child be taken ill on the trip. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		
Please state any specific dietary requirements	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	

All documentation will be issued to WO1 N Barrett RM who will administer the booking arrangements, & retain copies of the originals as back-up records.

ON SUCCESSFUL COMPLETION OF THE TRIP ALL DOCUMENTATION CONTAINING PERSONAL DETAILS WILL BE DESTROYED

Annex D

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

1. Please complete the all details below.

Participants Full Name: _____ DOB: _____ Tel: _____

Address: _____

Emergency contact name and telephone number: _____

2. Please read the following questions and complete the declaration overleaf.

Ser	QUESTIONS RELATING TO YOUR MEDICAL HEALTH
1	Has your ¹ doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2	Is your doctor currently prescribing drugs (for example water pills) for blood pressure or a heart problem?
3	Do you ever feel pain in your chest when you do physical activity?
4	In the past month, have you had chest pain when you are not doing physical activity?
5	Do you ever feel faint or have spells of dizziness?
6	Do you suffer from shortness of breath at any time or a respiratory condition that would prevent you from doing physical activity?
7	Do you have any joint problems (Including neck, back & hip) that could be made worse by exercise, including jumping and landing?
8	Are you pregnant or have you given birth in the last 6 months?
9	Do you have a condition requiring medication or are you taking medication, which would prevent you from doing physical activity?

3. **If you have completed this PARQ in advance of the scheduled activity and your health status changes prior to the start of your activity it is your responsibility to inform the instructor.**

4. Your ability to undergo the exercise will be monitored at all times which will also provide a functional assessment of your ability to continue. If the Activity Supervisor determines that, based on his/her assessment, you are not up to the required standard; you will be refused to continue and you will be withdrawn from the exercise.

5. In accordance with the Data Protection Act 1998, the MOD will collect, use, protect and retain the information on this form in connection with all matters relating to personnel administration and policies.

6. The PARQ will be held for a period of 3 years following the activity, after which it will be destroyed.

Declaration

¹ If completed by a parent/guardian the term you/your used throughout refers to your son/daughter.

I have read and understood the Medical Health Questionnaire above and declare that:

***I/My Child (* delete as applicable) does/does not suffer from any of the conditions mentioned or any other condition or injury that would prevent me/them from taking part in physical activity;**

Signature:

(Parent/Guardian if under 18 years of age)

Print Name:

Date:

REVIEW

Event/Activity Title (e.g. Insert Course Name/No): _____

This PARQ must be reviewed with the participant on the day of the activity and appropriate action taken if there are any significant changes since originally signed.

Instructors Signature:

Print Name:

Date:

To be signed below by Supervising Officer:

Signature:

Print Name:

Date (day of activity):

This PARQ Form should be completed and returned to WO1 N Barrett RM.

All documentation will be issued to WO1 N Barrett RM who will administer the booking arrangements, & retain copies of the originals as back-up records. Additionally, each participants PARQ will be held by MOD.

ON SUCCESSFUL COMPLETION OF THE TRIP ALL DOCUMENTATION CONTAINING PERSONAL DETAILS WILL BE DESTROYED, NB **PARQ WILL BE HELD FOR UP TO 3-YEARS

Annex E

CCF (A) FIELD WEEKEND EQUIPMENT LIST: NB ALL ITEMS MARKED * WILL BE SUPPLIED BY CCF, ALL OTHER ITEMS OWN SUPPLY

EXERCISE PACKING LIST ITEM	Qty	✓		ITEM	Qty	✓
Wearing				In Rucksack/Bergen	1	
Boots Combat High (polished to aid waterproofing)	1			PLCE Bergen*	1	
Trousers Combat (issued uniform)	1			Webbing*	1	
Shirt Combat (issued uniform)	1			Sleeping bag*	1	
Jacket Combat (issued uniform)	1			Sleeping Bag Liner (optional)	1	
Green/Brown T-Shirt(issued uniform)	1			Basha Shelter*	1	
Socks	1			Ration Pack *	1	
Trouser Twists	1			Waterproof Jacket* & Trousers	1	
Underwear	1			Rucksack liner (thick bin-liner)	1	
Beret(issued uniform)	1			Dark Green Bungees* (+own supply optional)	6	
Carrying In Smock/Webbing/Daypack				Tent Pegs (For making Shelters)	6	
Map (waterproofed – folded to A6)*	1			Bin Bags	3	
Notebook & Pen/Pencil (waterproofed)	1			Dark Coloured Fleeces/Sweaters	1	
Compass (on string tied on)* (optional)	1			Towel (v.small)	2	
Whistle (on string tied on)	1			Wash Kit	1	
Torch/headtorch (on string tied on)	1			Boot cleaning kit (on/off brush, polish and rag) sealed in plastic bag, taped up with elastic bands	1	
Lighter/matches	1			Personal first aid kit (elastoplast tape for blisters, plasters, triangular bandage, crepe	1	

				bandage, no drugs!) – sealed in a waterproof bag		
Gloves (Dark colour pair)	1			Spare socks and foot powder	5	
Woolly Hat	1					
Bush Hat	1			Couple bars of chocolate (for emergencies)	4	
Water bottle & Mug*	1			Spare set of underwear	5	
Mess Tin*	1			Swim wear for Personal Development (PD)		
Stove*	1			Spare old trainer that you don't mind getting wet (PD)		
Knife, Fork, Spoon/SPORK (optional)	1			Tracksuit Trousers or walking trousers (PD)		
Medication (personal)	1			Long sleeve Top (PD)		
Cam cream*/Insect Repellent Cream/Sun Cream (depends on conditions)	1					

NB: EVERYTHING YOU TAKE YOU WILL HAVE TO CARRY, YOU WILL ALSO BE REQUIRED TO CARRY GROUP EQUIPMENT

Please note that we are not able to store any personal Cadet medications, Cadets are responsible for the security and safety of their own personal medications.