

ACTIVITY CONSENT FORM – CADET
OFFICIAL (SENSITIVE) – PERSONAL DATA

Activity	Location	Date From	Date To

First Name	Surname	DOB	Gender
Address	Home number	Mobile Number	
Email Address			
NESC Unit	Religious / Dietary requirements:		

Next of Kin	Relationship	
Address (if different from above)	Home number	Mobile Number
Email address		

Doctor's Name	Doctor's Surgery
Surgery Address	Surgery Telephone

Health Questionnaires	
If you currently suffer, or have ever suffered, from <u>any</u> medical, mental or learning condition you are required to complete a NESC Form 11 for EACH condition	Number of NESC Form 11s completed:
If travelling overseas an ESC Form 11 is to be completed in respect of any ongoing conditions experienced in the preceding 12 months.	

Data Protection Act
The information contained in this document is classified as sensitive personal information and is subject to the provisions of the Data Protection Act 1998. It is necessary for such information to be retained for legal reasons. Only such data as is relevant to the cadet's attendance on the activity will be used or retained. Signing below indicates your consent for us to use and retain such data. You have the right under the Data Protection Act 1998 to request access to any personal information we hold on the cadet.

Declaration
I give full consent to the above named cadet to attend the activity detailed above. I understand that he/she will be subject to NESC care and discipline and must conform to appearance & behaviour standards required. Permission is given to participate in all appropriate activities. I understand that they/I should arrive at the activity sufficiently prepared and physically fit to fully take part in the activity. I have declared all medical matters that may affect my/their participation. I will inform the Adult Volunteer in charge of any additional medical matter that may occur after signing this form.

Parent/Guardian (Or Cadet O/18)	Signature	Date