

ACTIVITY CONSENT FORM – ADULT
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 |
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| 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 wish to attend the activity detailed above & understand that I will uphold NESC care, discipline, appearance & behaviour standards. I am physically and mentally fit and well to fully partake and supervise in all appropriate activities. I understand that I should arrive at the activity sufficiently prepared. I have declared all medical matters that may affect my participation. I will inform the OIC of any additional medical matter that may occur after signing this form. |

| Name | Signature | Date |
|------|-----------|------|
| | | |