



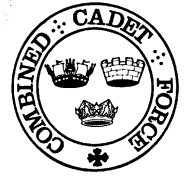
## CATERHAM SCHOOL COMBINED CADET FORCE

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Contingent Commander: Wing Commander K M Bage BSc (Hons) MBA MCIM RAFVR(T)

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Parents/Guardians

Our reference: S-R/0315

Date: 25 February 2015

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### ANNUAL SELF-RELIANCE EXPEDITION

#### NORTH DOWNS, SATURDAY 21 – SUNDAY 22 MARCH 2015

##### General

1. The above expedition, fulfilling syllabus requirements for APC (Basic) and RAF Part 1 recruit training (**Third Year**), will take place in the North Downs on the weekend of the 21 - 22 March 2015.
2. The purpose of the expedition is to enable cadets to complete their military recruit training. The aim is to gain experience in campcraft and the use of map and compass in the field, as well as test individual leadership qualities and self-reliance. The completion of this expedition is a compulsory requirement of recruit training (**Third Year**).
3. The cadets will be walking approximately 15 miles over unfamiliar country over the course of two days, and camping overnight at Headley. They will be sleeping in military two-man shelters ('bashas'). Food, in the form of military ration packs, and cooking kits will be provided.

##### Administrative details

4. Additional administrative details are as follows:

- Cost: £20 per cadet  
(cheques payable to 'Caterham School CCF Welfare A/C')
- Transport: School Minibuses
- Parade: CCF HQ at **0900 hrs**, Saturday 21 March 2015
- Return: CCF HQ at approx. **1500 hrs**, Sunday 22 March 2015
- Dress: Civilian clothing for the entire expedition (see kit list attached)

##### Consent Form

5. To confirm your place complete and return the attached medical consent form together with a cheque to the **CCF letterbox** no later than **Wednesday 11 March 2015**.

## **Phones and Electronic Devices**

6. As a rule, iPods and mobile phones must **not** be brought on the expedition.
7. Cadets will be briefed that **one** mobile phone will be allowed per group for emergency purposes only.
8. Pupils are advised that they ignore the above and bring phones at their own double risk: both of loss / damage, and of disqualification.

## **Behaviour**

9. Please note that while all events are organised and managed by the Contingent staff, there will be occasions when the direct supervision will be provided by the senior pupils of the Unit. Consequently the highest standards of behaviour are expected at all times.

## **Briefing**

10. The initial expedition briefing will take place during the parade night of Wednesday 18 March 2015. All cadets participating in the expedition must attend.

## **Queries**

11. The point of contact for all matters concerning this expedition and during the expedition itself is Flt Lt Stuart Barber.
12. **The Emergency contact number during the exercise will be 07582 542161.**

{ *Original Signed* }

**S BARBER**  
**Flt Lt**  
**For Contingent Commander**

Distribution:  
Cadets (Third Year, Cadet NCOs)  
All Staff

## **KIT AND EQUIPMENT REQUIRMENTS**

### **Individual**

**No Mobile Phones (except 1 per group – emergency use only)**

**No iPods are allowed**

Boots

Walking Trousers (+spare). **Not Jeans**

Rucksack 65 litre minimum, suitable for expedition use. **Day sacks are too small and unsuitable**

Shirt (+ spare)

Sweaters (+ spare)

Jacket (fleece and/or windproof)

Watch

Hat & Gloves (Thermal)

Waterproof jacket & Waterproof trousers

Water Bottle, Mug, Mess Tins, Knife Fork & Spoon (KFS), Thermos Flask

Socks (+ spare)

Wash Kit

Torch & spare batteries

Sleeping Bag

**No Combat Clothing to be worn**

### **Stores issue if required**

2 x Ponchos per 3 Cadets

Map, Compass & Whistle

Basic First Aid Kit

Hi-Vis Jacket

Note: Walking clothing ideally should be of the fleecy type and worn in thin layers. Cotton tops/shirts are not recommended.



CATERHAM SCHOOL

**PARENTAL AND MEDICAL CONSENT FOR A SCHOOL RESIDENTIAL TRIP (UK)**

***Please complete this form using BLOCK CAPITAL LETTERS***

*This form, or a copy, will be taken by the group leader and the deputy group leader on the trip. A copy will be retained by the SMT emergency contact.*

Trip Description.....**CCF Self-Reliance Expedition 2015** .....

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Dates of Trip: From ...**Sat 21 March 2015**..... To..... **Sun 22 March 2015** .....

Trip Organiser ..... **Flt Lt S Barber** .....

Name of pupil .....Form .....

Pupil's date of birth .....day .....month .....year (e.g. 12.10.1994)

Parent/Guardian's name (and first emergency contact)

.....

Parent/Guardian's address.....

.....

.....

Telephone numbers:-

Work .....Home .....

Mobile.....Fax.....

E mail address .....

Alternative Emergency contact name .....

Alternative Emergency contact address .....

.....

.....

Alternative Emergency Contact Telephone numbers

Work .....Home .....

Mobile.....Fax.....

E mail address .....

**MEDICAL DETAILS**

Does your child follow a special diet? .....

Has your child ever had any of the following: YES/NO – If YES please give details

- a) Allergies to any know drugs, state name of drug(s) .....
- b) Any other allergies (please specify) .....
- c) Asthma or bronchitis .....
- d) Heart condition .....
- e) Fits, fainting or blackouts .....
- f) Migraine or severe headaches .....
- g) Diabetes (sugar tolerance abnormalities) .....

Does your child have any other weaknesses or disabilities which require special care or attention?

Give details .....

.....

.....

Details of any medication being taken at present.....

.....

.....

Has your child been immunised against tetanus? .....

Date of last injection . .....

NHS Number .....

Name and Address of General Practitioner .....

.....

Telephone number of GP .....

Is your child receiving any current medical or surgical treatment? .....

If so, are there any special precautions or advice to follow in an emergency?

.....

Please list and give details of any illnesses or accidents that occurred during the last twelve months

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.....

**Medical Consent**

I will inform the Trip Leader as soon as possible of any changes to the medical details given on this form between now and the commencement of the trip.

It is essential that in the event of your child requiring emergency medical treatment, that we have your consent for our staff to act on your behalf. Please would you therefore sign the declaration below to give us authorisation.

I agree to my son/daughter/ward receiving medication and emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I give my consent for a member of Caterham School Staff to act on my behalf should my child require such emergency medical treatment.

I agree for my son/daughter/ward to receive non prescribed medication from a member of the Caterham School staff if this is deemed necessary.

**Please note that the School cannot take responsibility for any pre-existing ailment about which the School was not informed.**

Name .....

Signed..... Date .....

**Parent/Guardian Consent**

I agree to my son/daughter/ward taking part in the trip and confirm I have read and discussed the details on the trip information sheet with my son/daughter/ward.

I agree to my son/daughter/ward participating in the activities described on the trip information sheet. The school will take all steps to ensure the safety of your child. However, you should be aware that certain inherent risks remain, which are integral to the activity and which cannot be eliminated completely. The school is therefore informing the students and their parents that there are elements to this trip where the risk management may be beyond the school's control, despite our best practices.

I acknowledge that my son/daughter/ward understands the importance of behaving responsibly on the trip, in accordance with the details set out in the policy for Caterham School Trips.

I understand the extent and limitations of the insurance cover provided (a copy can be obtained from the Estates Bursar).

I understand that the School reserves the right to withdraw a pupil from any trip.

If for any reason a pupil leaves Caterham School then they will not be able to be a member of the party. In this instance the deposit would be refunded.

Name .....

Signed..... Date .....

*Information on the school's Policy for Welfare, Health & Safety on School Trips can be found on the website at [www.caterhamschool.co.uk](http://www.caterhamschool.co.uk)*

*All boarders are normally registered under the National Health Service with the School Medical Officer, Doctor Christopher Warwick, Townhill Medical Practice, Guards Avenue, Caterham, Surrey CR3 5XL*