

CATERHAM SCHOOL COMBINED CADET FORCE

Harestone Valley Road, Caterham, Surrey CR3 6YA Tel: 01883 335 061 Fax: 01883 347 795 Email: ccf@caterhamschool.co.uk



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

Parents/Guardians

Our reference: AUT/NCO CAMP/1014

Date: 24 September 2014

JNCO CADRE CAMP, 18 - 20 OCTOBER 2014

General

1. The above camp is an important part of the training programme for cadets in the Fifth Year undertaking their JNCO Cadre. The activities will take place at St Martin's Plain Camp, Folkestone, Kent, from Saturday 18 October to Monday 20 October 2014.

<u>Aim</u>

2. The aim of the weekend is to train and test cadets on various parts of the JNCO Cadre syllabus. This will include a very demanding programme of exercises in fieldcraft, leadership, tactics, methods of instruction, drill, physical training and the responsibilities of a junior NCO. This will allow them to progress to the next phase of their NCO training.

Administrative details

3. Administrative details are as follows:

Cost:	£30
Parade:	0845 hrs on Saturday 18 October 2014 at CCF HQ
Dress:	PCS (new pattern) combat dress
Transport:	Coach & minibus
Dispersal:	1600 hrs on Monday 20 October 2014 at Front of School

Documentation

4. The **two** attached forms are to be completed and returned to the **CCF HQ (letterbox)** no later than **Monday 13 October 2014**.

Valuables and electronic devices

5. The Contingent can take no responsibility for the loss or damage of valuable items. Cadets are advised that the programme will be extremely busy and there will be no time at all

for using phones or iPods. Cadets using such devices during training will have them confiscated.

6. It is strongly advised that such items are not brought. All staff will carry mobile phones for use in emergencies.

Briefing

7. A briefing will take place in the CCF classrooms after final parade on Wednesday 15 October 2014.

Kit and equipment

8. Please see attached Appendix 1 for details of required items. It is the responsibility of the individual cadet to ensure he has had all relevant kit/equipment issued by Wednesday 15 October 2014. The stores will be open during parade nights, and during lunctimes on Tuesdays, Wednesdays and Thursdays.

Queries / Emergency contact numbers

9. The point of contact for all matters concerning this training weekend will be Lt Mathew Owen, who can be contacted at *mathew.owen@caterhamschool.co.uk*.

The emergency contact number during the weekend will be 07582 541 988.

{Original Signed}

K M BAGE Wg Cdr Contingent Commander

Distribution:

All Fifth Year Cadets All Staff

Appendix 1 - KIT/EQUIPMENT LIST

All items on the below list are essential for the NCO Cadre Camp, unless marked optional (*). Cadets who do not have any of these items must see Maj Taylor by Wed 15 October 2014 to have them issued.

- PCS jacket
- PCS trousers
- PCS smock with hood
- Green unit t-shirts
- Green working belt
- Boots with heel (black or brown)
- Beret
- Brassard (with current badges sewn on see Appendix 3)
 - Army blanking plate on right arm of PCS jacket
 - RAF old pattern blue brassard
- MTP (CS95) shirt (Army only)
- Jersey Heavy Wool Green (Army only)
- Jersey Blue (**RAF** only)
- Wedgwood blue shirt and tie (RAF only)
- Blue trousers (**RAF** only)
- Blue working belt (RAF only)
- PT kit:
 - o Plain black school rugby shorts (boys)
 - Plain black shorts or skirt (girls)
 - o Green unit t-shirt
 - White sports socks
 - Training shoes
- DPM waterproofs (trousers and jacket)
- Warm jumpers
- Spare socks
- Warm hat and gloves (black or green)
- Sleeping bag
- Baby wipes
- Mess tins and brillo pad
- Water bottle
- KFS and mug
- Boot cleaning kit
- Toiletries (including shaving equipment for boys)
- Towel
- Pens, pencils and notebook/paper
- Copy of 'Unit Training Syllabus'
- Lesson plans (as briefed)
- Torch
- Snacks*
- MTP poncho
- Bungees
- Tent pegs
- Camouflage cream
- MTP Assault Vest
- MTP Pack

Available for temporary issue

Appendix 2 – OUTLINE PROGRAMME

The programme below is an outline only: timings and activities may vary.

SAT 18 October

0845	Parade, CCF HQ
1030	Arrive Saint Martin's Plain Camp
1100-1230	Introductory briefings and lectures
1230-1300	Luncheon
1300-1530	Command tasks
1530-1700	Personal presentations
1700	Lecture: 'What makes a good leader?'
1730	Dinner
1830-2300	Exercise 'Wet Feet' (fieldcraft)

SUN 19 October

0645	PT
0730	Breakfast
0815	Billet inspections and muster parade
0900-1030	Obstacle Course
1030-1230	Tactics and the orders process
1230	Luncheon
1330-1630	Exercise Overhill (Section commander's course)
1630-1730	Exercise de-brief
1730	Dinner
1830-1945	Drill
2000-2230	Night Navigation Exercise

MON 20 October

0645	PT
0730	Breakfast
0815	Billet inspections and muster parade
0900	Harbour Areas
1030	Orders process practical
1230	Luncheon
1330	Cadre Photo; Parade Practice
1400	Final Parade & Worship
1430	Depart Saint Martin's Plain Camp
1530	Arrive Caterham School
1600	Dispersal

Appendix 3 (a) - BADGES AND BRASSARDS - ARMY

The below shows where badges are to be sewn on the blanking plate of the **<u>right</u>** arm.

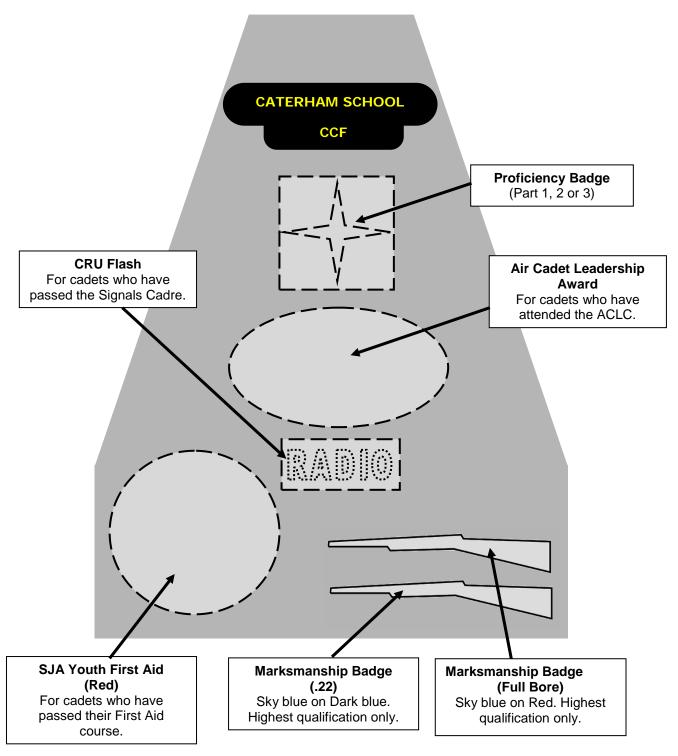
NB: The blanking plate of the <u>left</u> arm should bear a Union Flag and the Unit flash. All badges of rank are worn on the chest epaulette.



Care is required with the rather difficult angle of the badges: they should be sewn in such a way that they are upright when the arm hangs straight down.

The below shows where badges are to be sewn on the blue RAF brassard.

NB: Brassards are pressed flat (i.e. no crease should be pressed up the centre)



Duke of Edinburgh Awards

RAF cadets wear their highest Award badge centrally on the **right** shoulder patch of their jerseys.

Flying/Gliding Scholarships

RAF cadets wear Scholarship badges centrally on the left shoulder patch of their jerseys.



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 DescriptionCCF October Camp 2014		
Dates of Trip: From18 Oct 2014 To20 Oct 2014		
Trip OrganiserWg Cdr Kevin Bage		
Name of pupilForm		
Pupil's date of birthdaydaymonthyear (e.g. 12.10.1994)		
Parent/Guardian's name (and first emergency contact)		
Parent/Guardian's address		
Telephone numbers:-		
WorkHome		
MobileFax		
E mail address		
Alternative Emergency contact name		
Alternative Emergency contact address		
Alternative Emergency Contact Telephone numbers		
WorkHome		
MobileFax		
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) A	a) Allergies to any know drugs, state name of drug(s)			
b) A	b) Any other allergies (please specify)			
c) A	Asthma or bronchitis			
d)	Heart condition			
e)	Fits, fainting or blackouts			
f)	Migraine or severe headaches			
g)	Diabetes (sugar tolerance abnormalities)			
Doe	s your child have any other weaknesses or disabilities which require special care or attention?			
Give	e details			
Deta	ails 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.

Information on the school's Policy for Welfare, Health & Safety on School Trips can be found on the website at 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

ANNEX A TO LF/DTrg (A) 14-02-06-03 DATED 27 APR 09

CIVILIAN USE OF ARMY OBSTACLE COURSE PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PARQ)

1. Please complete the all details below.

Participant's 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 activity will be monitored during the warm up which will also provide a functional assessment of your ability to proceed onto the Obstacle Course. If the PTI determines that, based on his/her assessment, you are not up to the required standard; you will be refused access to the Obstacle Course.

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

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

Declaration:

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 the physical activity:				
Signature: (Parent/Guardian if under 18 years of age)	Print Name:			
Date:				
	<u>REVIEW</u>			
Event/Activity Title (eg Insight Cse Name/No'):				
The PARQ must be reviewed with the participant on day of 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):				