TG Form 22

STAFF ACTIVITIES NEXT OF KIN & HEALTH FORM

ACTIVITY: **LOCATION:**

FROM: **TO:**

Surname:		**Forenames:** **(must be as in your passport for overseas camps)**
Rank:	**Service Number:**	**ATC Sqn/Wing:** **CCF Unit:**

NEXT OF KIN/PERSON TO CONTACT

Name:	**Relationship:**
Home Address: **Post Code:**	**Home Telephone No:** **Mobile Telephone No:** **E-mail:**
Contact address and telephone number during the period of training (if different from above): **Post Code:**	

I wish to take part in the activity as above

I certify that I am fit to participate in supervisory duties during the course and to take part in what may be strenuous pursuits. I will advise my Wing Administrative Officer if I have contact with any infectious diseases in the 3 weeks prior to the course.

The information contained in this document is classified as sensitive personal information and is subject to the provisions of the Date protection Act 1998. It is necessary for such information to be retained for legal reasons. Only such data as is relevant to your attendance at the camp will be used/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 about you.

Date:	Signed:

HEALTH QUESTIONS

Do you, or have you ever suffered from any of the following? If yes tick the box and complete and attach a separate **MEDICAL DECLARATION FORM – TG Form 23** form for each condition. Attach separate information if appropriate.

Heart conditions	☐	Asthma	☐	Other chest conditions	☐
Fainting	☐	Blackouts	☐	Headaches	☐
Diabetes	☐	Epilepsy	☐	Ear or Sinus problems	☐
Muscular/skeletal problems	☐	Problems with vision	☐	Behavioural problems	☐
Any previous major injury	☐	Any previous major illness	☐	Any other condition/disability	☐
If you are proceeding overseas, have you received treatment for any ongoing medical condition in the last 12 months? (If so please tick box and explain further on a Activities Health Declaration form).					☐

Please also complete the boxes below as fully as possible, attach a separate sheet if needed write NONE in the box if appropriate

List any medication being taken (other than the medication detailed on the Medical Declaration Form).
List any known allergies
Give details of any ongoing regular care required
Give details of any special dietary needs
Give details of any special religious needs
Give details of any past condition/injury for which medication is not taken but which might be affected by the activity.

NHS Number: Name of Doctor: Address: Postcode: Tel No	Declaration I understand that I should arrive at the activity sufficiently prepared and physically fit to take a full part in the activity. I have declared all medical matters that may affect my participation. I will inform the officer in charge of any additional medical matter that may occur after signing this form.

Signature of participant: Date: