

9. Ration Allowance Claim(1) 10. Method of Travel (SOV, P/Car etc)
 _____ Adults x _____ days = _____
 _____ Cadets x _____ days = _____

11. Travel Costs(1)

- a. Cost of Travel (Accts 4 attached). £ _____
- b. Estimated amount to be claimed on F1771, if any. £ _____
- c. Grant sought to help defray costs. £ _____

12. Certificate of Adult IC Activity/Expedition. I have read and understood the instructions on adventure training contained in ACP 17 and am satisfied that sufficient, suitable, serviceable equipment is available to meet all the needs of this activity/expedition and that supervision levels and First Aid cover are correct.

Date _____ Signed _____ Apt _____

SECTION B (Authorisations)

13. Certificate and Remarks by Sqn Cdr. I have examined the details of this activity and I am satisfied that the arrangements are soundly based and that its scope is within the competence of the personnel. I confirm that a Parental Consent Form and Certificate of Health will be/has been* obtained for every cadet taking part. A comprehensive briefing on emergency procedures will be given to all persons involved in the exercise by the adult i/c. ACP17 and the DofE Expedition Guide will be studied and acted upon as appropriate.

Date _____ Signed _____ OC _____

14. Remarks of Wing Adventure Training Officer. Recommended/Not Recommended.
 Report required Yes/No*

Date _____ Signed _____

15. Remarks/Recommendation of Wing Headquarters.

Amount allocated from Wing budget SOV/Coach £ _____ and/or P/Cars £ _____

Date _____ Signed _____ Apt _____

16. Remarks/Decision of Regional Headquarters. A supervision ratio of 1 Adult to 10 Cadets is required for normal conditions/1 Adult to 5 Cadets for hazardous activities, night exercises (hours of darkness) or wild country. An adult female supervisor must/may be included for hazardous activity/overnight supervision of girl cadets and may be extra to total. The staff at paras 7 and 8 are accepted to supervise the activities. The training is approved/not approved/approved subject to.....

Date _____ Signed _____

ARC ACRHQ (C&E)

Note: (1) ACP 300 AI 302 refers. Approval and authority for any travel, pay and ration claim is delegated to Wg HQs.