

ANNEX B TO  
INST NO 8

AIR EXPERIENCE PROFORMA FOR COMPLETION ON EACH CADET FLIGHT

**OBVERSE**

<p><u>SUMMARY OF AIR EXPERIENCE</u></p> <p>PART 1 - to be completed by cadet and handed to pilot before flight.</p> <p>Cadet's Name _____</p> <p>My /Bulldog/Tutor experience to date is _____ flight; total _____ hrs _____ mins</p> <p>I have completed the exercises marked in the boxes overleaf.</p> <p>Special requests for this flight:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>PART II - to be completed by pilot after flight (cadet retains form).</p> <p>On _____ the cadet completed the following exercise(s):</p> <p>(Initials)</p>

**REVERSE**

AIR EXPERIENCE FLIGHTS

EX 1 - FAMILIARISATION

- a. Introduction to the cockpit
- b. How to read heading, height and airspeed
- c. Use of horizon for visual flying
- d. "Following through" on the controls.

EX 2 - EFFECTS OF CONTROLS (1)

- a. On straight and level flight
- b. Maintaining level flight

EX 3 - TURNING

Using about 20° of bank

EX 4 - EFFECTS OF CONTROLS(2)

- a. Changes of power
- b. Elevator trimmer

EX 5 – AEROBATICS

- a. How to loop the aircraft
- b. Other aerobatics

EX 6 – PILOT NAVIGATION

GLIDING INDUCTION COURSES AND AIR EXPERIENCE GLIDING – GLIDING PROGRAMME SHEET

VGS No ..... VGS Telephone No. .... ATC Sqn or CCF(RAF) Section .....

Date to fly ..... Time due to arrive ..... No of places allocated at the VGS .....

TO BE COMPLETED BY THE ATC SQN OR CCF (RAF) SECTION BEFORE DEPARTURE TO THE VGS							TO BE COMPLETED AT THE VGS							
First Name and Surname of Cadet or Adult Staff to fly	Class or Rank	Age (if cadet)	Cadet's Record of Service Completed	Flown in VGS Gliders Before (Yes/No)	Weight of Cadet in Kg	Previously Completed GIC (Yes/No)	Pilot's Name	Glider Tail Number	Duration of Flights (Minutes)					
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)					
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														
Signature of OC ATC Sqn or OC CCF (RAF) Section.....							Signature of OC VGS .....							
Name and Rank .....							<b>BRIEF</b> COMMENTS ON THE VISIT (k)							
							Signature of Accompanying Adult .....							
							Name .....							

(See Instructions for use overleaf)

## GLIDING PROGRAMME SHEET - INSTRUCTIONS FOR USE

1. OC ATC SQN or OC CCF (RAF) SECTION. The OC is to ensure the form is completed at columns a to g before it is handed to the officer or adult in charge of the party of cadets. After the form is returned to him on completion of gliding, the OC is to feed back to the VGS any comments about the gliding or the visit. The OC should also find out why any cadets failed to attend after having their names put on the list. The form is to be retained for the Annual Report and a copy is to be forwarded to the Wg HQ or CCF TEST Officer.

2. OFFICER OR ADULT IN CHARGE OF ATC OR CCF PARTY. The officer or adult in charge of the party travelling to the VGS is to use the form for roll calls and is to amend it as necessary. He is to hand the form to the at the VGS on arrival, assist with completing it during the day, collect it on departure, and return it to the OC ATC Sqn or CCF (RAF) section.

3. VGS DUTY INSTRUCTOR. The VGS Duty Instructor is to arrange for columns h to j to be completed during the day.

4. Details for completing the form are as follows:

Column a. Show first name and surname.

Column b. Show cadet class (eg Leading Cadet) or adult rank or class (eg Fg Off/CI/etc.)

Column c Show cadet's age in years.

Column d. Check that the Cadet's Record of Service Book has been signed for permission to fly, and then initial column d.

Column e. Show whether or not the individual has flown in a VGS glider before.

Column f. State the cadets weight (fully clothed less parachute) in Kg.

Column g. Show if the individual has already completed a Gliding Induction Course (GIC)

Column h. Record the pilot's name.

Column i. Record the glider tail number. (All Vikings are prefixed ZE and all Vigilants prefixed ZH).

Column j. Record the number of launches and total duration of the flights in minutes. Five columns are provided – which should be enough to record 5 Viking launches for a GIC.

k. Comments on the Visit. Provide brief comments, eg 'curtailed due to bad weather', etc.

**ANNEX A TO**  
**BRO 1/01**  
**DATED JAN 01**

From \_\_\_\_\_ (School CCF)

**GLIDING SCHOLARSHIP (GS) – NOMINATION PROFORMA**

1. I wish to recommend the following cadet(s) for Gliding Scholarships during Summer 2001. I CERTIFY THAT THE CADETS MEET THE CRITERIA SET OUT IN ACP 22, INST NO 9.

**MINIMUM AGE 16**

Signature of OC \_\_\_\_\_

Name \_\_\_\_\_

Rank \_\_\_\_\_

Date \_\_\_\_\_

**Please return this form by \_\_\_\_\_ if you require GS courses. Complete in BLOCK CAPITALS. Specify precise dates of availability.**

2. **First Cadet Nomination**

Surname \_\_\_\_\_ Forenames \_\_\_\_\_

Height \_\_\_\_\_ cms      Weight \_\_\_\_\_ Kgs      Male or Female \_\_\_\_\_

Holiday/Home Address \_\_\_\_\_

Holiday/Home Phone No \_\_\_\_\_

Dates during Summer holidays and Autumn Half Term when available (inclusive):  
 \_\_\_\_\_

Has cadet passed GIC?      \*YES/NO

3. Second Cadet Nomination:

Surname \_\_\_\_\_ Forenames \_\_\_\_\_

Height \_\_\_\_\_ cms      Weight \_\_\_\_\_ Kgs      Male or Female \_\_\_\_\_

Holiday/Home Address \_\_\_\_\_

Holiday/Home Phone No \_\_\_\_\_

Dates during Summer holidays and Autumn Half Term when available (inclusive)@  
\_\_\_\_\_

Has cadet passed GIC?      \*YES/NO

4. Third Cadet Nomination:

Surname \_\_\_\_\_ Forenames \_\_\_\_\_

Height \_\_\_\_\_ cms      Weight \_\_\_\_\_ Kgs      Male or Female \_\_\_\_\_

Holiday/Home Address \_\_\_\_\_

Holiday/Home Phone No \_\_\_\_\_

Dates during Summer holidays and Autumn Half Term when available (inclusive):  
\_\_\_\_\_

Has cadet passed GIC?      \*YES/NO

5. Fourth Cadet Nomination:

Surname \_\_\_\_\_ Forenames \_\_\_\_\_

Height \_\_\_\_\_ cms      Weight \_\_\_\_\_ Kgs      Male or Female \_\_\_\_\_

Holiday/Home Address \_\_\_\_\_

Holiday/Home Phone No \_\_\_\_\_

Dates during Summer holidays and Autumn Half Term when available (inclusive)  
\_\_\_\_\_

Has cadet passed GIC?      \*YES/NO

\* Delete as required

AIR CADET MEDICAL CERTIFICATE OF FITNESS FOR GLIDER PILOT TRAINING

PART A To be completed by the cadet if over 16 yrs (or by the parent or guardian if the cadet is under 16 yrs)

I give my consent for this certificate to be completed in respect of:

Full Name of Cadet \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 ATC Sqn or CCF (RAF) Section \_\_\_\_\_ Signature \_\_\_\_\_  
 Capacity of signatory Self/ Parent/Guardian\* \_\_\_\_\_ Date \_\_\_\_\_

\* Delete as applicable

1. **Do not pay any fee to the doctor, he will claim payment from HQ Air Cadets.**

PART B "Extract from Records" - to be completed by the applicants doctor after reading the notes overleaf

I certify that, to the best of my knowledge, the above cadet who is my National Health Service or Private patient does/does not\* suffer from any of the diseases or disabilities listed overleaf. He/she does/does not\* require to wear corrective spectacles when flying.

\* delete as applicable

Additional comments (if any) \_\_\_\_\_

Signature of Doctor \_\_\_\_\_ Name (in Capitals) \_\_\_\_\_

Date: \_\_\_\_\_ Surgery Address \_\_\_\_\_



*Cut along dotted line after doctor completes Part C*

**PART C - Claim for doctor's fee**

Full Name of Cadet \_\_\_\_\_  
 ATC Sqn or CCF (RAF) Section \_\_\_\_\_  
 Issuing Officers Signature \_\_\_\_\_  
 Date \_\_\_\_\_

Stamp of Issuing ATC Wg HQ or CCF (RAF) Section

The Doctor may claim payment of the standard fee as agreed between the Ministry of Defence and the British Medical Association by completing and signing Part C and sending an original copy to:

Headquarters Air Cadets (Accounts Section)  
 RAF College Cranwell  
 Sleaford  
 Lincolnshire NG34 8HB

I have completed Part B of RAF Form 6424 in respect of the Cadet named above and hereby claim the standard fee payable.

Doctor's Name and Address ( <b>In Block Capitals</b> )	
Post Code	

Bank/Giro Sort Code									
Account No									

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ENSURE THAT PART C IS COMPLETED BEFORE SENDING THE CLAIM FOR DOCTOR'S FEE TO HQ AIR CADETS.**

## **NOTES FOR GUIDANCE OF ATC AND CCF (RAF) STAFF**

Please ensure that details of the cadet, the issuing officer's signature, and the authorising stamp are completed at Parts A and C before the form is handed to the cadet.

Please ensure the cadet understands he is to return the top half of the form to his Squadron or Section Commander after it is completed by the doctor.

If the doctor discloses any medical condition, other than the wearing of spectacles, the Squadron or Section Commander is to send the F6424, together with a completed consent form, via their Wing HQ, to HQ AC (GL AO) who will then obtain the decision of the Command Flight Medical Officer on the cadet's fitness for training to solo standard. Further details are given in ACP 20A ACTI 32 (for ATC), or ACP 22 Instruction 9 (for CCF).

After the Squadron or Section Commander has checked the form and any medical queries have been resolved, the F6424 is to be returned to the cadet to take with him to the gliding school when starting his gliding scholarship. The cadet will not be allowed to carry out his gliding scholarship until he has produced a valid F6424.

### **NOTES FOR GUIDANCE OF THE APPLICANT'S DOCTOR**

We assume you can complete this certificate from your personal knowledge of your patient; we do not expect a comprehensive examination. If you consider that you have insufficient knowledge please annotate the form accordingly. The Cadet's application is for gliding training to solo standard. We consider the conditions given below to be among those diseases or disabilities that might prove to be a source of danger to the cadet or others while he/she is flying a glider. Air Cadets who suffer from any of these conditions should not, therefore, be certified on this form to be fit for gliding. Please provide additional comments in the box overleaf and note particularly the questions in relation to asthma. After completion please detach the bottom part of the form (Part C) to claim your payment. Please hand the top part of the form (Parts A and B) to the applicant for return to his/her Unit.

#### **Neurological**

Any history of epilepsy, fits or blackouts  
Any history of psychiatric illness  
History of migraine  
Tics

#### **Othorhinolaryngological**

Sinusitis, ie Recurrent history of sinus problems  
Acute otitis media or externa (*until cured*)  
Chronic suppurating otitis media or weak scarred ear-drum

#### **Abdomen**

Colostomy  
Abdominal operation within last month  
Other significant abdominal conditions.

#### **Endocrine and Drugs**

Diabetes  
Under treatment by antihistamines, tranquilizers, or decongestant drugs, or any type of drugs with side effects that could affect alertness and judgement.

#### **Respiratory**

Acute respiratory conditions (*until cured*)  
Chronic asthma or bronchitis  
History of spontaneous pneumothorax  
Asthma - frequency and severity of attacks.  
- date of last attack  
- treatment required  
- use of prophylactic therapy

#### **Cardiovascular**

Any history of cardiac illness  
Hypertension with diastolic greater than 100mm Hg

#### **Visual**

Visual field defect or uniovular vision  
Vision not correctable to 6/9:6/9. If unaided vision is worse than 6/9:6/9, the cadet is required to wear corrective flying spectacles when flying

#### **Locomotor**

Any defect likely to affect ability to use glider controls eg limitation of movement of shoulder, elbow, hip or knee; limitation of grip or painful movement of a joint

APPENDIX 2 TO  
ANNEX A TO  
INST 9

**FORM OF CONSENT**

To be attached to the F6424 and returned to HQ AC **ONLY** if there are any additional comments of a medical nature, other than a requirement to wear corrective spectacles.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Address)

\_\_\_\_\_ (Date)

HQ Air Cadets (GL AO)  
Royal Air Force College  
Cranwell  
Sleaford  
Lincolnshire NG34 8HB

Dear Sir

**FORM OF CONSENT**

I, \_\_\_\_\_ (name of) \_\_\_\_\_  
\_\_\_\_\_ (address), hereby  
\_\_\_\_\_ give

my consent for the Command Flight Medical Officer to approach my medical practitioner(s), to obtain whatever medical information you require.

Yours faithfully

\_\_\_\_\_  
(Signature)

\*In the case of a child under the age of 16 years this form should be completed by the parent or guardian.

Name and Address of General Practitioner

Name and Address of Hospital Specialist

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



STATEMENT BY APPLICANT:

I wish to undertake an Air Cadet Pilot Navigation Course. I will be available for 14 days continuous flying training during either Easter or Summer holiday period.

Date \_\_\_\_\_

Signature \_\_\_\_\_

CONSENT BY PARENT OR GUARDIAN (for air cadets under 18 years of age)

I consent to my son/daughter/ward undertaking an Air Cadet Pilot Navigation Course at a Royal Air Force Air Experience Flight for a residential period of about 14 days at a Royal Air Force Station.

Date \_\_\_\_\_

Signature \_\_\_\_\_

(To be completed only by the Commanding Officer of the applicant's ATC Squadron or CCF (RAF) Section)

I certify that the foregoing particulars are correct and that this cadet is eligible for Pilot navigation Training under Air Cadet Publication 20A or 22. The Headmaster's permission for absence from school of up to 2 days for OASC selection procedures will be obtained.

I have the following comments to make on his/her achievements and personal qualities:

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Name in Capitals: \_\_\_\_\_

\_\_\_\_\_

Appointment/  
Rank \_\_\_\_\_

Date: \_\_\_\_\_

On completion this form is to be submitted direct to OASC, RAFC Cranwell, Sleaford, Lincs NG34 8GZ

ANNEX A TO  
INST NO 12

OVERSEAS FLIGHT SCHEME - CONSENT FORM

I hereby give my general consent to my son/daughter/ward

Cadet (Name in Full): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

CCF Section: \_\_\_\_\_

being carried in an aircraft of the Royal Air Force on an Overseas Flight.

Date

\_\_\_\_\_

Relationship: \*Father/Mother/Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_

\*delete as appropriate.

ANNEX B TO  
INST NO 12

CADET REPORT ON OVERSEAS FLIGHT

NOTES FOR CADETS

1. Having completed an Overseas Flight, you are required to make a brief report. The object of the report is to inform HQ AC of your experience so that future flights can be made as interesting as possible. The completed report s to be handed to your CCF (RAF) Section Commander who will sign and return the report to HQ AC.

2. Brief remarks only are required unless there was an aspect of special interest or concern. Use additional paper if needed.

3. Flight Details

- a. Rank/Name \_\_\_\_\_
- b. RAF Section \_\_\_\_\_
- c. Date \_\_\_\_\_
- d. UK Departure Airfield \_\_\_\_\_
- e. Overseas Airfield \_\_\_\_\_
- f. Type of Aircraft \_\_\_\_\_

4. Warning and Travel

- a. How much notice did you receive of the flight and was it sufficient:

\_\_\_\_\_

- b. Were you and the person with parental responsibility satisfied with the information provided?

\_\_\_\_\_

5. Airfield Reception

- a. Date and time of arrival at UK Airfield \_\_\_\_\_
- b. Date and time of take-off \_\_\_\_\_
- c. What did you do in the interval between a and b?

d. Were you recognised as supernumerary crew? \_\_\_\_\_

e. Did you meet any RAF air or ground crew associated with your flight? If so, were you given any information on pre-flight procedures?

6. The Outbound and Inbound Flight:

a. Did you meet the aircrew?

(1) Outbound? \_\_\_\_\_

(2) Inbound? \_\_\_\_\_

b. Did you visit the flight deck?

(1) Outbound? \_\_\_\_\_

(2) Inbound? \_\_\_\_\_

c. What explanation of flight procedures/equipment etc were you given:

(1) Outbound? \_\_\_\_\_

d. Were you involved in any task?

7. The Overseas Airfield

a. How long were you at the overseas airfield? \_\_\_\_\_

b. What did you do during this period?

8. Post-Flight

a. Did you enjoy the flight? \_\_\_\_\_

b. Would you encourage others to go on a flight? \_\_\_\_\_

c. Did you thank the Captain and crew? \_\_\_\_\_

9. Any Other Remarks?

Signed (Cadet) \_\_\_\_\_

Endorsed (Section Cdr) \_\_\_\_\_

ANNEX C TO  
INST NO 12

APPLICATION FOR AUTHORITY TO GO ON AN OVERSEAS FLIGHT IN A ROYAL AIR FORCE AIRCRAFT OUTSIDE THE OVERSEAS FLIGHT SCHEME

Note: This application is to be used only by CCF cadets who wish to apply for authority to go on an overseas flight other than one which is sponsored by HQ Air Cadets under the Overseas Flight Scheme.

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1. I (Name and Initials)

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of (CCF Unit) \_\_\_\_\_ apply for permission to go on an overseas flight in a RAF aircraft. The details of the flight are as follows:

From	To	Date of Departure	

INBOUND

From	To	Date of Arrival in the UK	

\*2. I certify that I am in possession of the following certificates of inoculation/vaccination required for the area(s) to which I shall be travelling:

	valid until (date)	
	valid until (date)	
	valid until (date)	

\*3. I am also in possession of a valid passport No

\_\_\_\_\_

expiring on (date) \_\_\_\_\_ Signed:

\_\_\_\_\_

\* Delete if not required.

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PART II (Parent's/Guardian's Consent)

4. I hereby give my consent to my son/daughter/ward Cadet \_\_\_\_\_ being carried in an aircraft of the Royal Air Force on an overseas flight. I understand that I may be required to contribute towards the cost of his/her messing and accommodation while he/she is overseas.

Signed \_\_\_\_\_

Relationship: Father/Mother/Guardian

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_

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PART III (For use by CCF (RAF) Section Commander)

5. Cadet \_\_\_\_\_ has my approval to undertake the flight detailed in Part I.

CCF Signed \_\_\_\_\_

Section Commander

\_\_\_\_\_ School

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PART IV (To be signed by the Station Commander of the aircraft's parent unit)

6. I certify that Cadet \_\_\_\_\_ is authorised to travel on the flight detailed in Part I, and that the aircraft captain, or his representative will be responsible for the above mentioned cadet during the flight.

Signed . \_\_\_\_\_

\_\_\_\_\_ Officer Commanding

Royal Air Force \_\_\_\_\_

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PART V (Group/Command Authority)

7. Certified that Cadet \_\_\_\_\_ is authorised to travel as supernumerary crew on the overseas flight detailed in Part I.

Signed \_\_\_\_\_

for Air Officer Commanding (in Chief)

Headquarters \_\_\_\_\_ . Group

\_\_\_\_\_ Command

8. When Part V has been completed, the Command/Group Headquarters (or Station Commander) is requested to forward the application to:

HQ Air Cadets  
RAFC Cranwell  
SLEAFORD  
Lincs NG34 8HB

9. On receipt, HQ Air Cadets will give verbal authority through School CCF, and also notify the Station Commander that this authority has been given

ANNEX A TO  
INST NO 13

FORM OF WRITTEN CONSENT BY PARENT OR GUARDIAN TO FLIGHTS UNDER THE PASSENGER FLIGHTS SCHEME

Dear Sir/Madam

Subject to their parents' or guardians' consent, cadets of the CCF (RAF) may be given flights in privately owned and operated aircraft under the Passenger Flights Scheme. The aircraft are flown by qualified civilian pilots and flights will be carried out in accordance with the same or similar flight safety regulations as are laid down for the Royal Air Force.

As flights under the scheme will use non-RAF airfields, parents or guardians must ensure that their son, daughter or ward can pay for any out of pocket expenses including meals and, in the event of a delayed return, for overnight accommodation. If no return flight is available then they will be responsible for arranging, and meeting the cost of, the cadet's return home.

As your original consent to your son/daughter/ward being given flights was presumably given on the assumption that such flights would be made in aircraft belonging to the Royal Air Force, I shall be grateful if you will confirm that your consent extends to the flights referred to above.

Yours faithfully

.....  
Officer Commanding

Date .....

.....  
CCF (RAF) Section

**PARENT'S OR GUARDIAN'S CONSENT - PASSENGER FLIGHT SCHEME**

I consent to Cadet .....being given flights under the Passenger Flights Scheme

\*(Aircraft type) ..... (Registration No) ..... Piloted by .....  
(Pilots Name)

and to pay for out of pocket expenses incurred by him/her including meals and overnight accommodation if needed. I also agree to arranging his/her return home if no return flight is available. I understand that while flying my son/daughter/ward will be covered by the owner's passenger insurance.

Signature of Parent/Guardian

.....

Date .....

(PLEASE RETURN THIS LETTER TO YOUR SON/DAUGHTER/WARD DULY SIGNED AND DATED TO TAKE BACK TO HIS/HER SECTION COMMANDER).

ANNEX A TO  
INST NO 14

AIR EXPERIENCE SCHEME - FLIGHT STAFF CADETS

1. Nomination by CCF Section Commander. (Rank) \_\_\_\_\_ (Name) \_\_\_\_\_  
of \_\_\_\_\_ CCF is nominated for appointment as a Flight Staff Cadet on  
No \_\_\_\_\_ AEF. He fulfils all the requirements of Administrative Instruction No 231, para 3.  
He will be retained on the strength of this unit.

Date \_\_\_\_\_  
OC No \_\_\_\_\_

2. Recommendation by CCF Contingent Commander.

The above nomination is recommended for approval by the Flight Commander of No \_\_\_\_\_  
AEF.

Date \_\_\_\_\_  
OC No \_\_\_\_\_

3. Approval by Air Experience Flight Commander.

a. This is to certify that the above named cadet has today been examined by me and  
found competent to:

- \*(1) Check the fit of parachutes.
- \*(2) Check the fit of life-saving waistcoats.
- \*(3) Strap passengers into the Bulldog and/or Tutor aircraft.
- \*(4) Carry out a 'Before Use Visual' check of parachutes.

b. He has been fully briefed on the care to be taken in the aircraft dispersal and  
movement area.

c. He is, therefore, approved for employment as a Flight Staff Cadet on No \_\_\_\_\_  
Air Experience Flight.

\*Delete where necessary

4. The cadet's suitability to continue to act as an AEF Flight Staff Cadet is to be confirmed annually  
by the CCF Section Commander using the reverse of this proforma.

AEF FLIGHT STAFF CADET - RENEWAL CERTIFICATE

It is confirmed that the cadet named overleaf is still a member of \_\_\_\_\_  
and that he remains suitable for appointment as an AEF Flight Staff Cadet at No \_\_\_\_\_ AEF.

Date \_\_\_\_\_  
OC \_\_\_\_\_

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AEF FLIGHT STAFF CADET - RENEWAL CERTIFICATE

It is confirmed that the cadet named overleaf is still a member of \_\_\_\_\_  
and that he remains suitable for appointment as an AEF Flight Staff Cadet at No \_\_\_\_\_ AEF.

Date \_\_\_\_\_  
OC \_\_\_\_\_

---

AEF FLIGHT STAFF CADET - RENEWAL CERTIFICATE

It is confirmed that the cadet named overleaf is still a member of \_\_\_\_\_  
and that he remains suitable for appointment as an AEF Flight Staff Cadet at No \_\_\_\_\_ AEF.

Date \_\_\_\_\_  
OC \_\_\_\_\_

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ANNEX A TO  
INST NO 15

OC \_\_\_\_\_ CCF

APPOINTMENT OF FLIGHT STAFF CADETS (FSCs) AT VOLUNTEER GLIDING SCHOOLS

PART A

1. It is proposed to appoint the undermentioned cadet as a FSC with No \_\_\_\_\_ Volunteer Gliding School.

Name \_\_\_\_\_ Rank \_\_\_\_\_ Classification \_\_\_\_\_

CCF (RAF) \_\_\_\_\_

PART B

2. The appointment of the cadet named at Part A above as a FSC is:

Recommended/Not Recommended    Recommended/Not Recommended

Sign \_\_\_\_\_ Sign \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_  
RAF Section Commander                      Contingent Commander

Confirmed \_\_\_\_\_

Signed \_\_\_\_\_

Name \_\_\_\_\_

OC No \_\_\_\_\_ Volunteer Gliding School

PART C

3. The cadet named above at Part A has left the CCF(RAF).

Signed \_\_\_\_\_

Name \_\_\_\_\_

OC No \_\_\_\_\_ CCF RAF Section Commander