



Batley Grammar School CCF
Carlinghow Hill
Batley
West Yorkshire
WF14 0AD

01924 478907
ccf@batleygrammar.co.uk

See Distribution

Ref: DCCTWE/09

Date: 14 Feb 09

DISMOUNTED CLOSE COMBAT TRAINER TRAINING DAY – CADETS JOINING INSTRUCTIONS

REFERENCE

- A. Parents Introduction Letter dated 29 Jan 2009.
- B. JSP535 Cadet Training Safety Precautions 2007
- C. Introduction to The Duke Of Edinburgh Award And Youth First Aid Qualification Weekend – Cadets Joining Instructions date 10 Feb 2009

INTRODUCTION

1. **Outline.** Reference A was the convening notice for a weekend of military training conducted by Batley Grammar School CCF. This weekend would allow cadets to maximise the training benefits of the using the DCCT – something that has not happened in the past. These Joining Instructions detail the necessary preparations required and also the various proforma enclosed within the Annexes.
2. **Sections.** These JI's are taken from Reference C, the concurrent training weekend also being run by Batley Grammar School CCF
3. **Staff Appointments.** The following personnel are nominated to fill the appointments listed:

Ser (a)	Appointment (b)	Rank (c)	Name (d)	Remarks (e)
1	Exercise Director	Maj	G Dawson	
2	Planning Officer	Capt	J Waters	DCCT Ops 09

ASSEMBLY INSTRUCTIONS

4. **Arrival.** All cadets are to arrive at the top car park, Batley Grammar School at 2000 hrs prompt on Saturday 28 February 09 and will depart via minibus. Cadets are to ensure that they are prompt.
5. **Dispersal.** Course participants are expected to return at approximately 1600 hrs on Sunday 01 March 09. Exact times will be relayed en route.

DRESS AND EQUIPMENT

6. **Dress.** On Saturday 28 February Cadets may wear smart civilian clothing. On Sunday Cadets will wear full C95 uniform (beret, polished boots, C95 shirt with sleeves rolled down, C95 trousers and appropriate t-shirt).
7. **Personal Kit.** It is the responsibility of **EACH CADET** that they bring the clothing and equipment listed at Annex B.
8. **Bedding.** As a reminder to Annex B, cadets should bring with them a suitable sleeping bag. Sleeping bags can be issued if required – see Capt Waters for details. **NB NO EQUIPMENT WILL BE ISSUED SATURDAY 28 FEBRUARY**
9. **Messing.** All cadets will be fed by Strensall catering staff. It is essential that Cadets are fully nourished for the duration of the weekend.
10. **Cash and Valuables.** Cadets should bring with them a small amount of cash to last the duration but opportunities to spend will be very limited. It is advisable to bring sufficient 'comfort food' to last the duration of the course. Valuables (such as mobile phones and iPods) should be insured as the staff running the course cannot accept responsibility for any losses that may occur.
11. **Medical Cover.** Medical cover is a key element of our Duty of Care. During the course the normal NHS system to be used, if necessary. Additionally, all Adult Instructors are First Aid qualified and the option to use the "999" system is always available.
12. **Smoking. Cadets are not permitted to smoke at any time during the Course.**
13. **Mobile Phones.** Mobile phones may be carried during travel to and from the course but must be switched off when on individual activities. It is always the responsibility of the individual for the safe keeping of a mobile phone (Para 10 refers)
14. **Hair.** Hair **MUST** be reasonably short and tidy; there is no camp barber.
15. **Parental Consent Forms.** Please complete Annex A and return to me ASAP.

16. **Camp Address.**

Queen Elizabeth Barracks
Strensall
York
YO32 5SW

Tel Primary:

24 hrs 07554 010113 (Capt Waters)
24 hrs 07840 057130 (Flt Lt Wilby)

Tel Secondary:

24 hrs 01924 66 2864 (Guard Room – Ask to speak to Major Dawson, Batley
Grammar School CCF)

[Original Signed]

G DAWSON
Maj
Contingent Commander
Batley Grammar School CCF

Annexes:

- A. Parental Consent Form
- B. Cadet Equipment List
- C. Nominal Roll
- D. Transport Logistics
- E. DCCT Training Day Programme

Distribution:

External:

Attending Cadets x 9 (less Annex D)

Copy to:

Notice Board (less Annexes)
File

Parental Consent Form For Authorised Residential Educational Visits

Section 2:

Pupil Details

Name of Pupil:..... Male / Female*

Date of Birth:.....

a) Does your child require emergency medical treatment for an allergy? Yes / No*
If yes please give details.....

Do you agree for the adults accompanying your child to administer that treatment?
Yes / No*

b) Does your child require any on-going medication Yes / No*
If yes please give details.....

Do you agree for the adults accompanying your child to administer that treatment?
Yes / No*

c) Has your child or any member of your family suffered a contagious or infectious disease
within the last 3 months? Yes / No*

If yes please give details.....

d) Has your child been in contact with any other person with a contagious or infectious
disease? Yes / No*

If yes please give details.....

e) Is your child allergic to any medication? Yes / No*
If yes please give details.....

f) Is your child allergic to self-adhesive dressing? (Elastoplast etc) Yes / No*

g) Has your child received a tetanus injection in the past 2 years? Yes / No*

h) Does your child suffer from travel sickness? Yes / No*

i) Does your child have incontinence problems? Yes / No*

*delete as applicable

RESTRICTED WHEN COMPLETE

- j) Does your child have any special dietary requirements? Yes / No*
If yes please give details.....
- k) Does your child suffer from any psychiatric illness? Yes / No*
If yes please give details.....
- l) Is there any other medical information about which we should be aware? Yes / No*
If yes please give details.....

Other Relevant Details

- a) Are there any activities you do not wish your child to participate in? Yes / No*
If yes please give details.....
.....

*delete as applicable

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Section 3:

Your Contact Details

Name:..... Relationship:.....

Home Address:.....

.....

Home Telephone Number:.....

Work Telephone Number:.....

Mobile Telephone Number:.....

Alternative Emergency Contact Details:

Name:..... Relationship:.....

Home Address:.....

.....

Home Telephone Number:.....

Work Telephone Number:.....

Mobile Telephone Number:.....

Section 4:

Family Doctors Details

Name:.....

Address:.....

Telephone Number:.....

Parental Consent Form For Authorised Residential Educational Visits

Section 5:

Declaration

I agree to my son /daughter.....(Name)

Taking part in the above activity and having read the information sheet provided agree to his / her participation in the activities described (with the exception of anything mentioned in Section2: Other Relevant Details – Question b).

I acknowledge the need for obedience and responsible behaviour on his / her part and I am aware of the procedure of returning pupils home prior to the end of the visit where their behaviour endangers the Health and Safety of other pupils.

I agree to my son / daughter receiving emergency medical surgical and dental treatment, including anaesthetic and blood transfusions that may be considered necessary by the medical authorities present.

NOTE: If there are any exceptions to your child receiving medical treatment please supply an accompanying letter stating what those exceptions are.

I understand the school's policy in the administration of medicines and that the Group Leaders will not administer non-prescribed medicines.

I understand the extent and limitations of the insurance cover provided.

I undertake to inform the school as soon as possible of any change in the medical circumstances between the date of signing and the commencement of the journey.

I understand that the details disclosed could be passed on to the organisers insurer and / or medical adviser if necessary.

Signed:.....(Parent/Guardian*) Date:.....

*delete as applicable

RESTRICTED WHEN COMPLETE

EQUIPMENT LIST

1. **Required Kit.** Cadets are to bring the usual uniform and equipment required for an overnight stay on barracks. Including but not limited to:

- a. Full Combats
- b. Boots and Spare Laces
- c. Boot Polish
- d. Change of underwear and socks
- e. Jumper HW
- f. Beret
- g. Water Bottle
- h. Disposable Camera (Optional but recommended)
- i. Personal Medical Requirements
- j. Any snacks or personal comforts
- k. Sleeping bag (can be issued if required)
- l. Notebook

TRAINING PROGRAMME – DCCT Training Day
Based on Max 2 Details of 10

Ser	Day	Timings	Subject	Instructor	Location	Remarks
1	Saturday Day 1	2000	Depart School			Minibus
2		2100	Arrive and Settle In			
3		2200	Bed			
4	Sunday Day 2	0700-0730	Breakfast			
5		0800	Opening Address and Admin Brief	JW	DCCT	
6		0815-0845	Introduction to Lanes Training	JW	DCCT	Details alternate
7		0900	Range package. Starting with Grouping & Zeroing. Aims Marksmanship principles.	JW	DCCT	
8		1000-1015	Break			
9		1015	Continuation to range package	JW	DCCT	
10		1230-1330	Lunch			
11		1330-1500	Video Scenario training. Aims. Section Commanders command and control, fire control orders, weapon handling.	JW	DCCT	
12		1500	Depart			
13		1600	Arrive back at BGS			