International Teams Application Form

Notes for Completion

Part A – to be completed by the Applicant, assisted by Parent or Shooting Officer if required

Part B – to be completed by the Applicant's Shooting Officer or, if not a cadet, Shooting Club Chairman

Part C – to be completed by the Applicant's Head of Establishment (see notes at Section C)

Please complete the form as completely and comprehensively as you can. If the question is not applicable, write N/A. If you are not sure or need more space, attach an additional sheet referring to the Part and Question.

	UK Cadet Rifle Team	British Cadet Rifle Team (The Athelings)	Great Britain Under 19 Rifle Team	
Tour Details	Competes annually in Jersey. Provisional dates are 20-30 August 2021.	Competes annually in Canada. Tour dates are usually from early to the end of August.	Competes annually against the RSA Junior Team, either at Bisley or in RSA, or both. This is not a cadet team but an official GB representative team which CCRS organises in conjunction with the NRA. Applications are invited from both cadets and noncadets. If in RSA, tour dates are usually late March to mid-April.	
Team Size	12 plus 2 non travelling reserves 18 plus 3 non travelling reserves		8 plus 2 non travelling reserves	
Age	Under 17 on 1 Sep of the tour year	Under 18 on 1 Sep of the tour year	Under 19 on the first day of the SABU competition	
Passport	Passport required	UK Passport holder	UK Passport holder	
Shooting Experience	Completed minimum of one Cadet Imperial, NRA Imperial, or DCRA	Completed minimum of one NRA Imperial, or DCRA	Completed minimum of one NRA Imperial, or DCRA	
Commitments		NRA Imperial in the tour yea	r	
Personal Contribution (as at 2020)	£280	£480	tba	
Application		e on this form and supported blishment (eg Commandant, H	,	
Application Deadline	Applications must be with CCRS by 31 October 2020			



Part A – Applicant

International Team Selection 2021

Please complete as much as you can. Use block capitals.

`	s) Applied for						
	UK Cadet Rifle Team						
	British Cadet Rifle Team	(The Athelings)					
	Great Britain Under 19	Rifle Team					
		Applicant's Perso	onal Details				
Rank	First Name	Last Name	Male / Female				
ı							
Email							
	Main / Term	ı Time	Holiday (leave blank if the same)				
Home	address						
House N	o / Name and Street						
Town		County	Post Code				
Date o	f Birth (eg 29 Feb 2006)						
Westm	ninster or Bader No						
Service	<u>.</u>						
	CCF (Sea)	CCF (Army)	CCF (Air)				
	SCC / RM Cadets	ACF	RAF Air Cadets				
	Not a Cadet (GB U19 on						
lf vou			an CCE SCC / DNA Cadata ACE or ATC / DA				
	, please indicate which se		ne CCF, SCC / RM Cadets, ACF, or ATC / RA e dates				



Parent or Guardian Details

First Nam	ne	Last Name		
Email			Phone	
Home a	ddress			
House No	o / Name and Street			
Town		County		Post Code

If the Applicant is under 18 at the time of completing this form,

Parent/Guardian is requested to sign on the Applicant's behalf at the end of

Part A of this form



Cadet History

Details of the Cadet Unit you are currently a member of:

- SCC or RM Cadet Unit and Area	
- ACF Detachment / Platoon and County	
- RAF Air Cadet Sqn No and Location, and W	/ing
- CCF School, College or Academy	
- · · · · · · · · · · · · · · · · · · ·	
Date of Joining (eg 29 Feb 2010)	
Current level attained (eg APC 4, Staff Cadet	t)
Non shooting achievements – please list any Edinburgh Award)	y notable achievements and qualifications (eg Duke of



Shooting History and Records

up to the last two ISCRI	M meetings you have co	mpeted in.
Cadet 100 Score	Cadet 100 Place	Bossom Cup Score
Schools' 100 Score	Schools' 100 Place	Schools' Agg Score
r up to the last two Cade	t Imperial meetings vou	have competed in.
	. 55	
		l, or any reasons for low scores (eg due
se complete below, start	ing with the year	
	rup to the last two Schools' 100 Score Tup to the last two Cade HM Queen's Prize	ng Tup to the last two Schools' meetings you have of Schools' 100 Score Schools' 100 Place



DCRA Meeting

Enter scores for up to the last two DCRA meetings you have competed in.

Year	Gov General	Short Range	Grand Agg		Gov General	
	Stage 1	Agg		Stage 2	Stage 3	S3 place
			in any DCRA me	eting, or any reas	sons for low scor	es (eg due
to iliness)	, please comple	te below, startin	g with the year			



NRA Imperial Meeting

If you hav	e an NRA TRID ple	ease enter it her	re			
Enter scor	es for up to the la	ast NRA Imperia	l meetings you h	nave competed in		
Year	George's 1	Queen's 1	Century Agg	Grand Agg	George's 2	Queen's 2
	George's 3	G3 Place	Queen's 3	Q3 Place		
Year	George's 1	Queen's 1	Century Agg	Grand Agg	George's 2	Queen's 2
	George's 3	G3 Place	Queen's 3	Q3 Place		
	n to highlight any ease complete be			erial, or any reaso	ns for low scores	s (eg due to



Other Major Fullbore Target Rifle Competitions

nt competitions you have entered in the last 3 years, eg English XX, BCRC, Inter ar, competition, and significant scores (HPS or 1 dropped)	
Other Major Smallbore Target Rifle Competitions	
nt competitions you have entered in the last 3 years, eg CCRS SB Winter by National) showing the year, competition, and significant scores	

OFFICIAL - SENSITIVE PERSONAL (when completed)



Rifle Details

Which	shoulder do you	shoot from?		
	Left			
	Right			
Whose	rifle do you sho	ot with?		
	Own, on my FA	С		
	Own, on anoth	er FAC		
	School / Unit			
	CCRS			
	None / Don't K	now		
	e rifle(s) you shoo ılar rifle.	ot with. Under 'Owner	' put the name of the pe	rson who holds the FAC for each
(Owner	Make (eg RPA)	Model (eg Quadlock)	Full serial no
<u>Declar</u>	ation_			
				of my knowledge. I give permission of Team selection, including
	g the form with s			,
This fo	rm should be sig	ned by the Parent or G	Guardian if the Applicant	is under 18
Signed			Date	
			Next Steps	
This is	the end of Part A	of the form. Please n	ow:	
	Ensure that you	ı have signed and date	ed the declaration above	
	Send this form	to your Shooting Offic	er (if not a cadet, your C	lub Chairman)



<u>Part B – Shooting Officer Recommendation</u>

Your details				
Rank	First Name	Last Name		
			<u> </u>	
Email			Phone	
Appointment				
		about the applicant r, including when under	ar nraccura	
		T, Including when dide	er pressure	
- 6				
Performance a	as a competitor			



Performance as a wind coach
Use of a scorebook, including graphs, and general shooting knowledge
Confidence and self-organization



OFFICIAL - SENSITIVE PERSONAL (when completed)

Performano	ce in other sho	oting discipline	es if this adds w	veight to the Ap	oplicant's suita	bility	
Performano	ce as a cadet /	student, and ot	ther activities	outside shootir	g		
Leadership	and other qua	lities					



Any other relevant points						
Your overall a	assessments of t	the Applicant				

B

OFFICIAL - SENSITIVE PERSONAL (when completed)

Shooting Officer Declaration

I declare that the details in Part B of this form are correct to the best of my knowledge. I give permission for CCRS to hold and use the information in the form for the purposes of Team selection, including sharing the form with selectors

Signed Date

NOTE: Shooting Officers will be required to certify selected squad members as competent before Ex Maple Taste.

Next Steps

This is the end of Part B of the form. Thank you for taking the time to complete your part. Please now

Ensure that you have signed and dated the declaration above

Send this form to the Applicant's Head of Establishment (HoE)

CCF — HoE is the housemaster/mistress or headteacher

Community Cadets — HoE is the contingent commander or equivalent

Not a cadet – club chairman



Part C - Head of Establishment's Report

- a. For CCF candidates. By the housemaster/mistress or headteacher.
- b. For SCC, ACF & ATC candidates. By the applicant's contingent commander or equivalent.
- c. For non-cadet applicants for the Tour to South Africa. By the club chairman.

Your details							
					_		
Rank	First Name	Last Name			_		
Email			Phone				
Appointment]		
Report on Ap	Report on Applicant						
Please comment on the applicant's suitability as a team member; the individual's behaviour and conduct must reflect the fact that they are representing their country							
Overall Reco	mmendation						
Highl	y Recommended						
Recoi	mmended						

OFFICIAL - SENSITIVE PERSONAL (when completed)



	Not Recommended				
Head of Establishment Declaration					
I declare that the details in Part C of this form are correct to the best of my knowledge. I give permission for CCRS to hold and use the information in the form for the purposes of Team selection, including sharing the form with selectors					
Signed		Date			
Next Steps					
This is the end of Part C of the form. Thank you for taking the time to complete your part. Please now					
	Ensure that you have signed and dated the declaration above				
	Send the entire form to				
	CCRS (Overseas Application), Derby Lodge, NSC Bisley, Woking, Surrey GU24 0NY				