

APPLICATION TO TRAIN ON PRIVATE LAND IN WALES

(See Appendix C for notes on completion of this form)

Unit Ref: _____ Today's Date: _____ UIN No: _____

RAF Units are to indicate with a tick in the box their appropriate branch of Service:

RAF Strike Cmd: RAF P&T Cmd: Def Logistics Org: (RAF Logistics Cmd)

Unit Telephone: (Mil) Code: _____ Ext: _____ (Civ) Code: _____ No: _____
Fax No: (Mil) Code: _____ Ext: _____ (Civ) Code: _____ No: _____

1. Unit: _____
Address: _____ Post Code: _____

2. Date(s) of Ex: _____
3. No's taking part daily: _____
Offrs: _____
OR's: _____
Total: _____

4. Brief description of Ex: _____
(See Appendix 1 to Annex C)

5. General Area of Exercise: _____

6. Does the exercise involve any of the following: (delete as necessary):

a. Helicopters/Fixed Wing	Yes /No	b. Carriage of Weapons	Yes /No
c. Tactical Training	Yes /No	d. Wearing of Uniform	Yes /No
e. Command Tasks	Yes /No	f. River Crossings	Yes /No
g. Vehicle on Private Land	Yes /No	h. MACC/Conservation Task	Yes /No

If answered Yes to questions (a) to (f) please give further details of request on Annex C continuation sheet; eg: type of Command Tasks (is additional tentage involved), No of vehicles and types, safety boats etc.

7. Hill walking routes, please attach trace (not Photostat copies).

8. Canoeing: Name of River/Lake(s): _____

Map Sheet No: _____ Grid Ref: _____ Map Sheet No: _____ Grid Ref: _____

Type of Craft: _____ No's: _____ Type of Craft: _____ No's: _____

9. Climbing: Map Sheet No: _____ Grid Ref: _____ Map Sheet No: _____ Grid Ref: _____

Name of climbs (if known): 1. _____ 2. _____

10. Caving: Map Sheet No: _____ Grid Ref: _____ Map Sheet No: _____ Grid Ref: _____

- Base Camp: 1. Description/Name _____
2. Map Sheet No: _____ Grid Ref: _____ (unless at Trg Camp)
3. Dates Required: _____
4. Numbers: Offrs: _____ OR: _____ Total: _____

12 Bivouac Sites:

1. Map Sheet / Grid / DLA Ref: Site 1: _____ Site 2: _____ Site 3: _____
2. Date Required: Site 1: _____ Site 2: _____ Site 3: _____
3. Max no per night to be accommodated: Site 1: _____ Site 2: _____ Site 3: _____
4. Name / Address / Telephone Number of owners if not recognised bivouac site:

Please print Name / Rank and Telephone extension of Exercise Author below:

NAME: _____ RANK : _____ Ext _____

COMMANDING OFFICERS AUTHORISATION

I am aware of the guidance given in Rules for Training in Wales and am satisfied that the soldier(s) to whom this application applies are qualified, capable of and able to conduct the planned training. Risks have been assessed and where necessary suitable measure to minimise these have been incorporated within the exercise plan.

Signature: _____ Name: _____ Rank: _____
(Commanding Officer) (Please print)

To: **G3 LTAR**
 HQ 160 (Wales) Bde
 The Barracks
 Brecon
 Powys
 LD3 7EA

Plus full copy to either

Military Training Officer (S Wales)
 Defence Estates - Training Estate
 The Barracks
 Brecon
 Powys
 South Wales
 LD3 7EA

OR Military Training Office (N Wales)
 Defence Estates Training Estate
 Capel Curig Training Camp
 Betws-y-Coed
 Gwynedd
 LL24 0DS

(Delete as appropriate - see para 72)