

AIR CADET DEVELOPMENT SCHEME APPLICATION

Before completing this application form please ensure you have read the **Air Cadet Development Scheme Policy & Guidance document** which can be viewed here: [Policy and Guidance Document](#). All applications need to be commented on by the Squadron/Section Commander before being submitted.

Completed applications should be submitted via our online portal which can be accessed through our website here: <https://www.aircadetcharity.org.uk/air-cadet-development-scheme-applications>.

Rank and name of applicant			
Age		Address	
Squadron/CCF Contingent			
Date joined RAF Air Cadets			
Date joined as CFAV			
Amount of bursary requested <i>Please state the exact amount – up to £2500</i>		Email	

What personal or professional training development would this bursary support?	
Course/training provider <i>Please include name, address, and website (if applicable)</i>	
Detailed costs <i>Please include a full breakdown of the costs the bursary will be covering.</i>	
Are there any other costs involved? <i>Please include other costs related to the course and whether these are being met by other means (for example self-funded or another bursary/grant).</i>	
When is the bursary required? <i>Applications submitted in Window 1 (1 October – 31 January) will receive a decision by no later than 30 March.</i> <i>Applications submitted in Window 2 (1 April – 31 July) will receive a decision by no later than 30 September.</i>	



ACDS ref no:

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Please confirm which area this bursary would be supporting:

Aviation	Adventure training	Exploiting technology	Immersive training
Enhance education	Improve employability	Health and Wellbeing	Welfare

Which Air Cadet Charity vision and mission does this bursary align to:

Access for all	Enhance self-confidence and responsibility	Enhance inter-personal skills
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Your statement to support this application

Please refer to the Air Cadet Development Scheme Policy and Guidance when completing your statement.



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Signature of applicant <i>If completing electronically, please insert your name. Your online submission will act as an electronic signature for the purposes of this form.</i>		Date	
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Comment by OC Squadron/Section Commander	
Rank and name	
Position	
Signature <i>If completing electronically, please insert your name. The Air Cadet Charity may contact you by email to confirm your support of this application.</i>	
Email address	

