



PLEASE DO NOT COMPLETE THIS APPLICATION FORM UNLESS YOU HAVE ALREADY VERIFIED WITH YOUR PARENTS/GUARDIANS THAT YOU ARE ABLE TO TRAVEL DAILY TO ROYAL AIR FORCE CRANWELL. YOUR PARENTS/GUARDIANS MUST ARRANGE TRAVEL (CAR, TAXI, BUS) TO/FROM CRANWELL EACH DAY. THE STATION WILL NOT ACCEPT ANYONE WHO DOES NOT HAVE TRAVEL ARRANGEMENTS IN PLACE.

**PLEASE RETURN COMPLETED APPLICATION FORM BY 31 MAY 2026 TO
Flt Lt Tamzin Keenlyside at Tamzin.Keenlyside713@mod.gov.uk**

**APPLICATION FOR LOOK AT LIFE PROGRAMME
AT ROYAL AIR FORCE CRANWELL 13 – 19 JULY 2026**

Please complete in BLOCK capital letters or type all answers

PART 1 – To be completed by the Applicant

1. Personal Details:

NamePreferred name (if appl).....

Date of Birth Nationality

Home Address

.....

Postcode

Email address

2. Educational Establishment Details:

Name of establishment:

Address

.....

.....

Contact Number

3. Details of Careers Teacher at your school (if applicable):

Name

Email

Contact Number



4. Explain what you are hoping to get out of your time on the Look at Life Programme at Royal Air Force Cranwell:

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5. What skills do you think you will gain from completing your placement?

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6a. Have you ever been in the Air Training Corps (ATC)?

Yes

No

6b. If Yes, which Squadron? Are you still a member?

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.....

7. Please use the space below to provide any other information about yourself to support your application:

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.....
.....

Student Signature

Name

Date



PART 2 – To be completed by the Student’s Parent/Guardian or attendee if aged 18 plus

Please note that participation in this programme is arranged for students who are within daily travelling distance. Unfortunately, Royal Air Force Cranwell is unable to provide accommodation or transport for students, therefore we can only consider an application if daily travel arrangements can be made. Please note that your child will not be insured or supervised outside of working hours.

1. What daily travel arrangements will be in place for your child?

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2. Please state whether your child is suffering from any medical condition or has any other allergies which we should be made aware of:

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3. Please state any medication being taken on a regular basis by your child:

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4. I consent/do not consent for my child to be photographed, noting photos may be used for Social Media – please delete as applicable.

Parent/Guardian Signature

Name

Date

Emergency daytime contact number(s)



PART 4 – To be completed by the Student’s Careers Advisor or send link for UniFrog

Student’s Name

Student’s School

I agree that prior to placement on the Look at Life Programme at RAF Cranwell on behalf of the above-named student and school that:

- I will ensure appropriate Risk Assessments are in place for the chosen placement.
- I will ensure appropriate Duty of Care and Safeguarding provisions are in place.
- I will ensure appropriate Health and Safety provisions are in place.

Careers Advisor’s Signature

Print Name

Date