## HONG KONG AIR CADET CORPS

## NO 103 JUNIOR NON-COMMISSIONED OFFICER TRAINING COURSE $\underline{\text{Application Form}}$

1.	Personal Particu	ılars			
	Name:				
	(as in HKID Card)	Surname	Given Name	Chinese Name	
	Date of Birth:		Age:		
	(DD/MM/YYYY)		(as of 01/07/202	2)	
	Cantant Na			Essail Address.	
	Contact No.:	Mobile	Home	Email Address:	
2.	Service History				
	Unit			Serial Number	
	_			Seriai Number	
	Present Rank			Present Classification	
	Position			Date of Promotion to Basic Cadet	
	Sqn Exam Result of HKACC (Nil/ Pass/ Fail)		Fail)	Sqn Exam Result of C&C (Nil/ Pass/ Fail)	
		story as of July 2022			
	-Nil/1 <sup>st</sup> Dose/	$2^{nd}$ Dose/ $3^{rd}$ Dose / $4$	th Dose	Exam Result of Foot drill (Nil/Pass/Fail)	
3.	Declaration				
	I, (name of applicant), hereby declare that all the information provided in the form is complete and true to the best of my knowledge. I understand that the above activity may involve physical exercise and agree that the Hong Kong Air Cadet Corps and its members shall not be responsible for accidents or injuries, if any, occur to me during the training. I declare that I have no health problems, apart from those stated in the "Health Condition Declaration", which prevents me from participating in the above activity.				
	Signature of applicant			Date	
	Name of applicant				
4.	Declaration by applicant's parent or guardian, or person authorized by the parent or guardian				
	This part is to be completed by all cadet members. The parent, guardian or authorized person must be at the age of				
	I agree to allow the participation of this applicant in the No 103 Junior Non-Commissioned Officer Training Course and declare that he/she does not suffer from illness, apart from those stated in the "Health Condition Declaration" that renders him/her unfit for the activity. The Hong Kong Air Cadet Corps and its members shall not be liable for any injury or death which the participant may suffer from the activity, if the cause of injury or death is due to his/her negligence or inadequacy in health and fitness.  I also agree be the contact person in the case that the applicant has any accident or incident which requires immediate attention in the course of the activity.				
	infinediate attention in the course of the activity.				
		Signature of parent, guardian or Date authorized person			
	Name of parent, guardian or authorized person  Contact number				

All personal data will be kept and managed according to the Corps Personal Data (Privacy) guidelines.