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| --- | --- | --- | --- | --- | --- |
| **1.** | **Personal Particulars** | | | | |
|  | Unit | Serial Number | | | Level of Study |
|  | Name |  | | |  |
|  | (as in HKID Card) | Surname | Given Name | | Chinese Name |
|  | Date of Birth |  | Age | | HK Identity No. |
|  | (dd/mm/yyyy) |  | (as of 01/09/2019) | |  |
|  | Contact No. |  |  | | Email Address |
|  |  | Mobile | Home | |  |
| **2.** | **Service History** | | | | |
|  | Present Rank | | | Present Classification | |
|  | Position | | | Duration | |
| **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 18 or above.  I agree to allow the participation of this applicant in the No 97 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. | | | | |
|  | Signature of parent, guardian or  authorized person | | | | Date |
|  | 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.**