

HONG KONG AIR CADET CORPS
AVIATION EDUCATION WING

MEMO

From : OC G Flt | To : All OC Sqn
Ref : (2) in GS1415 |
Date : 27 April 2014 |

Selection Interview for Glider Scholarships 2014 – 2015

Previous memo ref: (1) in GS1415 refers, the details for the selection interview of the Glider Scholarships 2014 – 2015 are as follows,

Date: 30 April 2014 (Wednesday)
Time: 1830 – 2230hrs
(For individual start time, please refer to Appendix I)
Venue: HKACC TOS Workshop
Dress Code: No.2B Uniform
Format: Group Discussion and Individual Interview

Points to note for all interviewees:

1. All interviewees are reminded to arrive **15 minutes before** the scheduled start time.
2. Please bring along **original copy of duly signed Appendix II** (parent's signature required for interviewees below 18 years old)
3. Please bring along **a copy of your passport.**

For further enquiries please feel free to contact the undersigned at hkacc.gflt@gmail.com.

Ada Y L LI
Fg Off (sp)
OC Glider Flight

Encl.

c.c. All OC Major Units, All Interviewees of GS1415

Start Time for Applicants of Glider Scholarships 2014 - 2015

	Unit	Rank	Name	Time
1	604	OT	CHAN Kwing-sun	1845hrs
2	604	OT	LAM Yat-long Arron	
3	313	Sgt	LI Tin-lok	
4	402	Cpl	LEUNG Man-wai	
5	406	Cpl	SIU Tsz-yan	
6	C	Cpl	LAM Hon-yin Ericson	
7	604	OT	CHAN Tung-mui	1900hrs
8	604	OT	LIN Hong Lawrence	
9	313	Sgt	CHEUNG Siu-hong	
10	102	Cpl	KAN Hei-tung	
11	303	BC	YANG Yi-chun	
12	AE	Plt Off	Birdy Yu-pang CHENG	1915hrs
13	AT	Off Cdt	LI Wing-kiu	
14	604	OT	CHEUNG Tsz-ching	
15	604	OT	WONG Wing-chung	
16	402	Cpl	WONG Chak-lam	
17	402	Plt Off	Carlos Man-kin CHAN	1930hrs
18	604	OT	FOK Oi-lam	
19	607	OT	AU-YEUNG Sau-man	
20	403	Sgt	CHU Ho-yan	
21	406	Cpl	LI Man-yui	
22	C	BC	TUNG Chun-yeung	

* All candidates are reminded to arrive **15 minutes before** the scheduled start time.

Appendix II

Declarations (Signed by both **applicants** and **parents/guardians for cadets under 18 years old**)

I have read, understand, and am willing to comply with the Rules and Regulations for the application of the Glider Scholarships 2014 – 2015 (*“the Rules”*) issued by Officer Commanding Glider Flight.

I hereby undertake that if selected for the Operation Swift Glider Aviator Scholarships, I shall pay for the full cost of the training if and upon required. I fully understand that the reimbursement of scholarship to me be HKACC will be solely upon the successful achievement of the Gliding New Zealand A Certificate and full compliance with *the Rules*.

I understand that at times I/my child may be unaccompanied, and participation in gliding activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activities. I also understand that participation in the activities is entirely voluntary and requires participants to abide by applicable rules and regulations and the standards of conduct. I hereby indemnify the Hong Kong Air Cadet Corps or any other organizations associated with the activities from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the officers/instructors to secure proper treatment, including hospitalization, anaesthesia, surgery, or injections of medication. Medical providers are authorized to disclose to the officers/instructors examination findings, test results, and treatments provided for purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardians, and/or determination of the participant’s ability to continue in the activities.

Name of Applicant _____ Signature of Applicant _____

Name of Parent/Guardian* _____

Signature of Parent/Guardian* _____

Date _____

*Applicable if the applicant is under 18 years old as at the date of application.

Emergency Contact

Name _____ Relationship with Applicant _____

Contact Number _____