

**HONG KONG AIR CADET CORPS**  
AVIATION EDUCATION WING

MEMO

From : OC G Flt | To : All OC Sqn  
Ref : (2) in GS1516 |  
Date : 02 June 2015 |

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**Selection Interview for Glider Scholarships 2015 – 2016**

Previous memo ref: *(1) in GS1516* refers, the details for the first round of the selection interview of the Glider Scholarships 2015 – 2016 are as follows,

Date: 08 June 2015 (Monday)  
Time: 1900hrs – 2130hrs  
(For individual start time, please refer to Appendix I)  
Venue: Josey Room, Hong Kong Aviation Club  
Dress Code: No.2A Routine Working Dress Uniform  
Format: Group Discussion

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. Successful candidates from the first round of the selection interview will be notified to attend the second round of the interview which will be held on 10 June 2015 (Wednesday) from 1830hrs to 2230hrs in the Hong Kong Aviation Club.

For further enquiries please feel free to contact the undersigned at [hkacc.gflt@gmail.com](mailto:hkacc.gflt@gmail.com).

Ada Y L LI  
Flt Lt (sp)  
OC Glider Flight

Encl.

c.c. All OC Major Units, All Interviewees of GS1516

**Start Time for Applicants of Glider Scholarships 2015 - 2016**

	Unit	Rank	Name	Time
1	IA	Ag. Plt Off	CHEUK Kai-wai	1915hrs
2	604	OT	CHAN Shing-chung	
3	604	OT	TONG Chun-pong	
4	102	Cpl	NG Tsui-tin	
5	501	Cpl	CHU Wang-chun	
6	401	BC	LAW Ying-tung	
7	AT	Plt Off	WONG Wai-ting	1945hrs
8	IA	Ag. Plt Off	SUEN Wing-cheung	
9	605	OT	CHENG Kam-wai	
10	401	Cpl	CHUI Cheuk-yan	
11	402	Cpl	WONG Chak-lam	
12	AT	Plt Off	Murphy Nok-hin LAI	2015hrs
13	604	OT	LAI Chun-kit	
14	605	OT	PANG Tsz-tuen	
15	313	Cpl	LEE Ka-wing Catherine	
16	402	Cpl	LEE Lok-yiu	
17	403	Cpl	LAU Ka-wai	
18	AT	Ag. Plt Off	HUNG Hoi-shan	2045hrs
19	AT	Off Cdt	HO Chi-shing	
20	604	OT	CHENG Tsz-ching	
21	604	OT	LEUNG Yuk-kwan	
22	605	OT	TSUI Wai-long	
23	403	Cpl	TU Chi-yan	

\* 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 2015 – 2016 (*“the Rules”*) issued by Officer Commanding Glider Flight.

I hereby undertake that if being 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 by Hong Kong Air Cadet Corps (*“the Corps”*) will be solely upon the successful achievement of the Glider Aviator Wing in *the Corps* 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 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 \_\_\_\_\_