

HONG KONG AIR CADET CORPS
AVIATION EDUCATION WING

MEMO

From : OC G Flt | To : All OC Sqn
Ref : (2) in GS1617 |
Date : 15 April 2016 |

Selection Interview for Glider Scholarships 2016 – 2017

Previous memo ref: (1) in GS1617 refers, the details for the first round of the selection interview of the Glider Scholarships 2016 – 2017 are as follows,

Date: 18 April 2016 (Monday)
Time: 1900hrs – 2200hrs
(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 25 April 2016 (Monday) from 1900hrs to 2200hrs in the Hong Kong Aviation Club.

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

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

Encl.

c.c. All OC Major Units, All Interviewees of GS1617

Start Time for Applicants of Glider Scholarships 2016 - 2017

	Unit	Rank	Name	Time
1	102	Ag. Plt Off	Hilary Kar-man TSE	1900hrs
2	602	OT	TSANG Wai-yan	
3	605	OT	CHEUNG Kam-wai	
4	6009	OT	LEE Yat-chun	
5	303	Sgt	TAM Cheuk-him	
6	402	LCpl	CHEUNG Hon-lam	
7	303	Ag. Plt Off	Tobby Shiu-tao KAN	1945hrs
8	604	OT	CHEUNG Yee-han	
9	607	OT	LIN Yuqi	
10	6009	OT	NG Man-fung	
11	102	Sgt	KAN Hei-tung	
12	501	Cpl	WHU Chi-hin	2030hrs
13	604	OT	TONG Chun-pong	
14	607	OT	WONG Tsz-yan	
15	6009	OT	NG Man-tsun	
16	108	Sgt	SIU Yan-kit	
17	505	Sgt	WONG Hin-chung	
18	402	Cpl	LEE Lok-yiu	2115hrs
19	602	Plt Off	MOK Yee-man	
20	604	OT	WONG Shing-ka	
21	608	OT	CHAN Kwong-hoi	
22	6009	OT	WONG Yan-ho	
23	105	Sgt	WONG Man-chun	
24	107	Cpl	CHOI Chun-kit	
25	C	Cpl	YU Hiu-laam Hilary	

* 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 2016 – 2017 (*“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 _____