

INTERNATIONAL AIR CADET EXCHANGE INFORMATION FORM

IMPORTANT - IN CAPITAL LETTER ONLY USING BLACK INK

* All boxes must be completed

* ACF13C/ACF13A and a copy of the "photo page" of your passport must be attached

OWN COUNTRY		YEAR OF EXCHANGE																			
HOSTING COUNTRY		RANK																			
FAMILY NAME (SURNAME) (MUST BE SAME AS PASSPORT)																					
GIVEN NAMES (FIRST NAME) (MUST BE SAME AS PASSPORT)																					
NAME FOR NAME TAG																					
COUNTRY OF BIRTH		CITY OF BIRTH																			
DATE OF BIRTH		AGE AS OF 1 AUGUST	RELIGION (Optional)																		
FULL HOME ADDRESS																					
DAYTIME TELEPHONE		OTHER TELEPHONE																			
EMAIL ADDRESS																					
<p>TICK APPROPRIATE BOXES</p> <table border="0"> <tr> <td><input type="checkbox"/> AIR CADET</td> <td><input type="checkbox"/> MALE</td> <td><input type="checkbox"/> Flying Scholarship</td> <td><input type="checkbox"/> Private Pilot License</td> </tr> <tr> <td><input type="checkbox"/> ESCORT</td> <td><input type="checkbox"/> FEMALE</td> <td><input type="checkbox"/> Gliding Scholarship</td> <td><input type="checkbox"/> Kiting / Hang Gliding</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Gliding License</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p>POLO / T-SHIRT SIZE</p> <table border="0"> <tr> <td><input type="checkbox"/> X SMALL</td> <td><input type="checkbox"/> LARGE</td> </tr> <tr> <td><input type="checkbox"/> SMALL</td> <td><input type="checkbox"/> X LARGE</td> </tr> <tr> <td><input type="checkbox"/> MEDIUM</td> <td><input type="checkbox"/> XX LARGE</td> </tr> </table>				<input type="checkbox"/> AIR CADET	<input type="checkbox"/> MALE	<input type="checkbox"/> Flying Scholarship	<input type="checkbox"/> Private Pilot License	<input type="checkbox"/> ESCORT	<input type="checkbox"/> FEMALE	<input type="checkbox"/> Gliding Scholarship	<input type="checkbox"/> Kiting / Hang Gliding			<input type="checkbox"/> Gliding License	<input type="checkbox"/> Other	<input type="checkbox"/> X SMALL	<input type="checkbox"/> LARGE	<input type="checkbox"/> SMALL	<input type="checkbox"/> X LARGE	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> XX LARGE
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PASSPORT NUMBER		DATE OF ISSUE	PLACE OF ISSUE																		
PASSPORT EXPIRY		LANGUAGES SPOKEN																			
DIETARY REQUIREMENTS (Nil, Vegetarian, etc)																					
MEDICAL CONDITIONS (Previous Surgery, Allergies, Asthma, also list each medication)																					
PHYSICIAN'S NAME		PHYSICIAN'S TELEPHONE																			
TRAVEL/MEDICAL INSURANCE PROVIDER		ACCOUNT NUMBER																			
EMERGENCY CONTACT NAME		RELATIONSHIP (Mother, etc)																			
EMERGENCY CONTACT TELEPHONE		24 HOUR CONTACT																			
<p>CONSENT TO FLY AND FOR EMERGENCY TREATMENT</p> <p><i>* For cadets under 18, this must be signed by the person having parental responsibility</i></p> <p><i>* Persons who are 18 or older should sign on their own behalf</i></p> <p>I give permission for the individual named above to fly in military and civilian aircraft during the International Air Cadet Exchange and to take part in the programmed activities of the host country. I also give permission for the individual to be given any necessary medical treatment during the Exchange visit.</p>																					
SIGNATURE _____		DATE																			
PRINTED NAME																					