

香港航空青年團

HONG KONG AIR CADET CORPS

Sung Wong Toi Road, Kowloon, Hong Kong
Tel 852 2712 8900 Fax 852 2715 6944

From : OIC, No 65 JNCOTC

To : All Unit Commanders

Ref : 65JN/M02

Date : 16 March 2012

No 65 Junior Non-Commissioned Officer Training Course Shortlisted Candidates

Thanks for the support to the Course. The Organizing Committee is pleased to announce that the following cadet members have been shortlisted.

Sqn	Name in English	S/N
206	KEI Hiu-fung	M09-16292
206	NG Hin-ting	F07-14174
213	CHAN King-fung	M10-17304
213	CHONG Bing-bing	F08-15081
213	HO Tsz-yam	M10-18024
213	KHODEJA Zahoor	F10-18033
213	WAN Fook-chuen	M10-18030
308	KWOK Sze-yin	F08-15368
308	LEE Chak-sum	M09-16614
308	NG Hei-wai	M09-16617
403	LEE Hon-ting	M09-16871
403	MOK Chun-yiu	M09-16874
404	HON Sunny	M07-14470
404	KWAN Chi-yeung	M10-18019
404	WONG Ching-tun	M09-16422

Sqn	Name in English	S/N
404	WONG Wun-tak Samuel	M10-18018
501	CHAN Yat-long	M09-16319
501	CHIN Tsz-him	M10-17443
501	YIP Chun-ming	M09-16327
505	CHAN Sau-yuen	M09-16283
505	CHEUNG Tsz-kin	M08-15781
505	LAM Chun-hei	M08-15784
505	NG Wai-lok	M09-16259
505	SHE Hung-cheung	M08-15786
505	WONG Ho-ming	F08-15790
601	Mohamed Shakoor	M08-15927
C	LAU Ching-kit	M09-16019
C	MUI Cheuk-wa	M07-13853
C	TUNG Chun-yeung	M09-16025
CT	CHENG Wun-kiu	F08-15159

Cadet members who are not in the above list have been put into waiting list until 22 March 2012. Should they not be notified by this date, they may regard their applications failed. Shortlisted candidates are to note the details of the Briefing as follows.

Date Saturday, 24 March 2012
Time 0900 to 1730 hrs
Venue Yan Chai Hospital Law Chan Chor Si College (Meeting place of No 206 Sqn)
Documents to bring

- Completed Application Form, with true signatures
- Completed Health Declaration, with true signatures
- Course fee of HK\$250 in cash; no change will be made
- Training Record Book showing that HKACC and C&C have been passed
- Notes on HKACC and C&C
- Stationery and water

The Committee shall not accept any reason for any missing documents; otherwise the cadet will risk disqualification. Fee paid will not be refundable or transferable, fully or partially, even if the cadet is disqualified at the beginning or during the Course.

Dress Code No 2/2A (as ordered) without optional item

Assessment will be carried out once the cadet reports presence at the Briefing. Details of the camp will be provided at the Briefing. Should there be any questions, please contact the Committee by email at beckie4809@yahoo.com.hk and rexcmiau@yahoo.com.hk.

Fg Off Beckie Y Y WONG
OIC of No. 65 JNCOTC



Hong Kong Air Cadet Corps
No. 65 Junior Non-commissioned Officer Training Course
Application Form

- I. *This form has to be submitted to the Course Committee at the Briefing Session together with the following documents*
1. *Course fee HK\$250*
 2. *Health Declaration*
- III. *This form should be printed out and signed personally. Electronic signature will not be accepted.*
- III. *All information collected will only be used for the No. 65 Junior Non-commissioned Officer Training Course and be kept in strict confidence.*

Personal Information

Name (Eng): _____ (Chi) _____

Serial No.: _____ Unit: _____

Rank / Classification: _____ Contact No.: _____

E-mail Address: _____ Date of birth: _____

Attempted JNCOTC before : No Yes _____ (Year & No. of JNCOTC)

Unit Commander's Nomination

Name: _____ Rank: _____

Unit Commander's signature: _____ Date: _____

Parent's Consent

I, _____ (Name of Parent/Guardian) hereby give consent for the above named member to participate in the No. 65 JNCOTC.

Parent/guardian's signature: _____ Date: _____

香港航空青年團
HONG KONG AIR CADET CORPS

團員姓名

Name of Member

身份證號碼

HKIC Number

團員編號

Serial Number

健康狀況聲明

HEALTH CONDITION DECLARATION

If it cannot be confirmed and declared that the Member is free from any medical concerns, please circle one or more of the following choices that best describe the relevant medical concerns, and feel free to provide further information you consider appropriate.

若閣下不能確認及聲明上述團員並沒有任何健康問題，請在以下一項或多項最能描述上述團員健康狀況的選擇上打圈，並在適當情況下提供進一步資料。

Neurological 神經系統

History of epilepsy, fits or blackouts 癲癇、肌肉抽搐或昏厥

History of migraine 偏頭痛

History of psychiatric illness 精神病

Othorhinolaryngological 耳鼻喉

Acute otitis media or externa 急性中耳或外耳炎

Chronic suppurating otitis media 慢性化膿性中耳炎

Scarred ear-drum 耳膜損傷

Sinusitis 鼻竇炎

Abdomen 腹部

Abdominal operation within the last month 月內曾進行腹部手術

Colostomy 結腸造口

Other significant abdominal conditions 其他嚴重腹部毛病

Endocrine and Drugs 內分泌及藥物

Diabetes 糖尿病

Under treatment by antihistamines, tranquilizers, or decongestant drugs, or any type of drugs with side effects

that could affect alertness and judgement

正接受抗組織胺、鎮靜劑或通鼻塞藥物，或其他影響警覺性及判斷藥物的治療

Respiratory 呼吸系統

Acute respiratory conditions 嚴重呼吸系統問題

Bronchitis 支氣管炎

Asthma 哮喘 (please provide further information 請提供進一步資料)

- frequency and severity of attacks 發作頻率及程度：

- date of last attack 上次發作日期：

- treatment required 所需治療：

Cardiovascular 心臟及循環系統

Cardiac illness 心臟毛病

Hypertension 高血壓

Visual 視力

Acute Myopia 深度近視

Visual field limitation or unioocular vision 視野障礙或單眼

Locomotor 運動系統

Limitation of limb or hand movement 肢體或手部活動障礙

Others 其他

Allergic to Drugs 對藥物敏感 (Type of Drug 藥物種類):

Allergic to Food 對食物敏感 (Type of Food 食物種類):

Other conditions not mentioned on this page

其他在本頁未曾敘述症況:

日期

Date _____ / _____ / _____

補充資料(如適用) Further Information (if appropriate)

DECLARATION 聲明

I/We hereby declare that to the best of my/our knowledge and belief the information contained in this *Health Condition Declaration* is true and complete in every aspect. The Hong Kong Air Cadet Corps is authorized to contact the Member's physician for further verifications if necessary.

本人/我們謹此聲明就本人/我們所知本 *健康狀況聲明* 上所提供的資料乃正確齊全。香港航空青年團有權就上述資料向上述團員的醫生要求核實。

FAMILY PHYSICIAN 家庭醫生

If requested by HQ HKACC, Family Physician's endorsement
若香港航空青年團總部要求，須由家庭醫生簽署：

I certify that, to the best of my knowledge, _____ (member's name) does / does not * suffer from any of the diseases or disabilities listed in this Declaration.

就本人所知，_____〔團員姓名〕患有 / 沒有 * 本聲明上所述疾病或殘障，特此核實。

*Delete as appropriate 刪去不適用

Additional Comments (if any) 補充資料〔如適用〕： _____

Name of Physician 醫生姓名： _____ Signature 簽名： _____

Address 地址： _____

Telephone 電話： _____ Date 日期： _____

CONTACT PERSON IN CASE OF EMERGENCIES 遇上緊急事故時的聯絡人

Name 姓名： _____

Address 地址： _____

Telephone 電話： _____

I/We understand and accept that the information given in this Health Condition Declaration will be used by the Hong Kong Air Cadet Corps and other authorized persons or entities related to the running of its activities and administration of its affairs.

本人/我們明白並同意香港航空青年團及其授權的人仕及單位，有權使用以上提供的資料，作為舉辦該團隊活動及處理該團隊事務之用途。

Member's Signature 團員簽署： _____ Date 日期： _____

Parent's/Guardian's name (if the member is 21 years of age or below)
家長/監護人姓名〔如團員為二十一歲或以下〕：

Parent's/Guardian's Signature 家長/監護人簽署： _____

Date 日期： _____

Remarks by HQ HKACC 香港航空青年團總部批註

體能活動適應能力問卷

普通常識是回答這些問題的最佳指引。請仔細閱讀下列問題，然後誠實回答：

請答「是」或「否」

是	否	
<input type="checkbox"/>	<input type="checkbox"/>	1. 醫生曾否說過你的心臟有問題， <u>以及</u> 只可進行醫生建議的體能活動？
<input type="checkbox"/>	<input type="checkbox"/>	2. 你進行體能活動時會否感到胸口痛？
<input type="checkbox"/>	<input type="checkbox"/>	3. 過去一個月內，你曾否在沒有進行體能活動時也感到胸口痛？
<input type="checkbox"/>	<input type="checkbox"/>	4. 你曾否因感到暈眩而失去平衡，或曾否失去知覺？
<input type="checkbox"/>	<input type="checkbox"/>	5. 你的骨骼或關節(例如脊骨、膝蓋或腕關節)是否有毛病，且會因改變體能活動而惡化？
<input type="checkbox"/>	<input type="checkbox"/>	6. 醫生現時是否有開血壓或心臟藥物（例如 water pills）給你服用？
<input type="checkbox"/>	<input type="checkbox"/>	7. 是否有 <u>其他理由</u> 令你不應進行體能活動？

如果	一條或以上答「是」
你的	在開始增加運動量或進行體能評估前，請先致電或親身與醫生商談，告知醫生這份問卷，以及你回答「是」的問題。
答案	<ul style="list-style-type: none">● 你可以進行任何活動，但須在開始時慢慢進行，然後逐漸增加活動量；又或你只可進行一些安全的活動。告訴醫生你希望參加的活動及聽從他的意見。
是：	<ul style="list-style-type: none">● 找出一些安全及有益健康的社區活動。

全部答「否」	→ 延遲增加運動量：
如果你對這份問卷的 <u>全部</u> 問題誠實地答「否」，你有理由確信你可以： <ul style="list-style-type: none">● 開始增加運動量——開始時慢慢進行，然後逐漸增加，這是最安全和最容易的方法。● 參加體能評估——這是一種確定你基本體能的好方法，以使你擬定最佳的運動計劃。此外，亦主張你量度血壓；如果讀數超過 144/94，請先徵詢醫生的意見，然後才逐漸增加運動量。	<ul style="list-style-type: none">● 如果你因傷風或發燒等暫時性疾病而感到不適——請在康復後才增加運動量；或● 如果你懷孕或可能懷孕——請先徵詢醫生的意見，然後才決定是否增加運動量。
	請注意：如因健康狀況轉變，致使你隨後須回答「是」的話，便應告知醫生，看看應否更改你的體能活動計劃。

適當使用體能活動適應能力問卷：

香港航空青年團及其代理人毋須為進行體能活動的人承擔責任。如填妥問卷後有疑問，請先徵詢醫生的意見，然後才進行體能活動。

註：如一名人士在參加體能活動或進行體能評估前已獲得這份問卷，本部分可作法律或行政用途。

本人已閱悉、明白並填妥本問卷。本人的問題亦已得到圓滿解答。

姓名: _____

身份證明文件號碼: _____

簽署: _____

日期: _____

家長或監護人簽署: _____

見證人: _____

(適用於 21 歲或以下的參加者)

備註：如果在上述問卷中有一個或以上「是」的答案，即表示你的身體狀況可能不適合參與有關活動。故為安全起見，請你先行諮詢醫生的意見；並須在報名時出示醫生紙，證明你的身體狀況適宜參與有關活動。