



MEMORANDUM

From	OC AAS	To	Unit Commanders
Ref	(2) in OU12/04Memo	CC	Major Unit Commanders, Headquarters
Tel	2712 8900	Date	28 August 2012
Fax	2715 6944		

Application for Cadet of Operation Unicorn 2013/04 for Outdoor Leaders Courses 2013, New Zealand

Organised by Adventure Activities Squadron (AAS)

Introduction

Operation Unicorn 2013/04 of the Hong Kong Air Cadet Corps (the Corps) is an adventure training programme which aims at preparing and selecting suitable cadets, between the ages of 15 and 18 years, for the Junior Outdoors Course (the Course) to be courtesy of the New Zealand Cadet Forces (NZCF). The Course will be conducted at Dip Flat, Woodbourne, New Zealand in Mid-January 2013.

Note: Selected cadets are required to attend the whole course in the New Zealand. No late arrival or early departure could be arranged.

Cost

Cadets, having successfully completed this training and being selected for the Course, are entitled to a scholarship which covers most of the basic expenses of the Course.

Medical

A medical pro-forma will be included with the Jointing Instructions which will be provided to selected cadets. This will include a declaration, to be signed by the person having responsibility for the cadet, that the cadet has no medical condition or injury which will hinder him/her on a course which includes very physical demanding and strenuous activities.

Eligibility

To qualify for selection for this course, cadet must fulfill the following criteria:

1. Good command of English;
2. Have reached their 15th birthday but before their 18th birthday at the time of attending the Course;
3. Have at least one year of active service with their unit;
4. Be medically fit, i.e. free from any condition which would prohibit their participation in a range of strenuous activities; and
5. Be physically fit.



Application

Interested cadets please complete the application form and return to WO NG Ka Wa John electronically at john@hkacc.net on or before **1759hrs 7 September 2012** as well as the hardcopy at Selection Interview section.

Selection

Applicants will be invited for selection Interview (details will be announced). Selected candidates are required to attend a pre-course training will be held every weekend during mid-September 2012 to January 2013.

Decision of AAS shall be final. AAS reserves the right to cancel or amend the contents of the course and impose any further requirements.

Should you have any queries, please do not hesitate to contact Liaison Officer Fg Off William C W TSANG at csf.william@gmail.com or WO NG Ka Wa John at 8200 2949.

Frankie F C POON
Flt Lt (sp)
OC AAS and
Chief Adventure Activities Officer



Application for Operation Unicorn 2013/04

Part A – Application by Cadet – Use Clear BLOCK CAPITALS

Unit _____ Rank _____ Serial No _____

Surname _____ Given Name _____

Flat _____ Floor _____ Block _____ Building _____

Estate _____ No and Name of Street _____

Area _____ Hong Kong Kowloon New Territories

Contact No _____ Email Address _____

Date of Birth _____ Place of Birth _____ Sex Male Female

Passport No _____ Date of Issue _____ Place of Issue _____

Contact in Case of Emergency _____ 24-Hr Contact No _____

Email Address _____ Fax _____

Participant's Declaration

I understand that the course may involve physical exercise and adventurous training, and agree that the Hong Kong Air Cadet Corps and its members shall not be responsible for accidents or injuries, if any, occur to me during the training. I declare that I have no health problem which prevents me from participating in the above course.

Date _____ .2012 Applicant's Signature _____

Consent by Guardian or Parent Responsible for Cadets under 18 Years of Age

I give my permission for the cadet named above to fly in military and civilian aircraft during the Course and to take part in the programmed activities of the hosting country. I also give permission for the cadet to given any necessary surgical treatment during the Exchange. The Hong Kong Air Cadet Corps and its members shall not be liable for any injury or death which the cadet may suffer in this course/activity, if the cause of injury or death is due to his/her negligence or inadequacy in health and fitness.

Signature of Guardian/ Parent _____

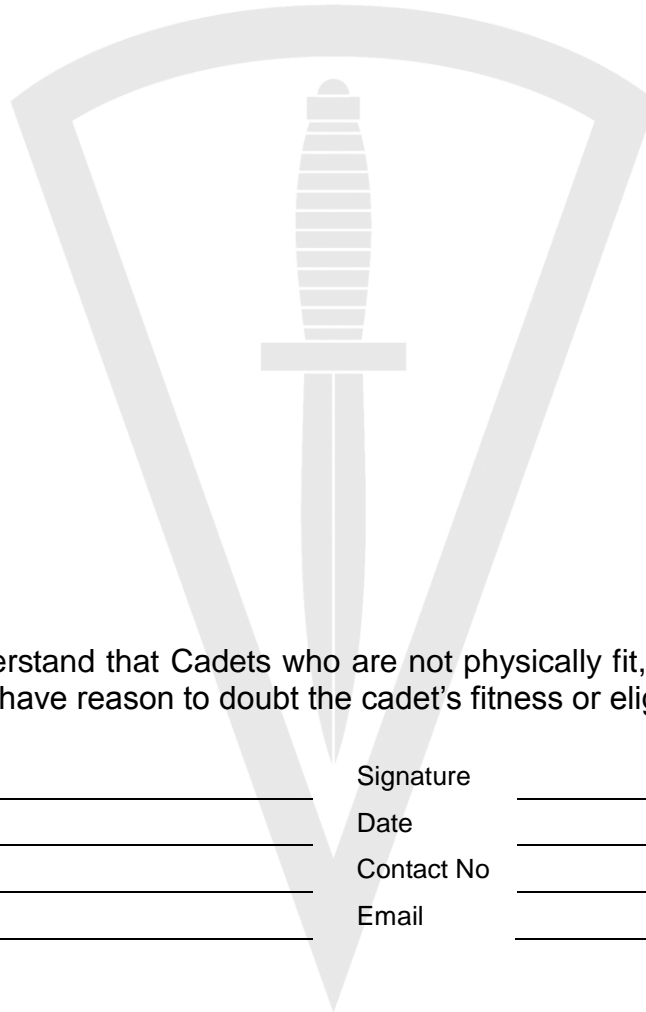
Name of Guardian/ Parent _____

Date _____ .2012 Contact No _____



Part B – Cadet Unit Commander’s Report and Certificate

Comments on the candidate’s personal qualities, command of English, physical fitness (if applicable) and any special requirements.



Certificate

I certify that I understand that Cadets who are not physically fit, if at any time before the course starts I have reason to doubt the cadet’s fitness or eligibility.

Name	_____	Signature	_____
Rank	_____	Date	_____ . 2012
Post	_____	Contact No	_____
Serial No	_____	Email	_____



HEALTH CONDITION DECLARATION 健康狀況聲明

Name of Member

團員姓名

HKID Card No

身份證號碼

Serial No

團員編號

If it cannot be confirmed and declared that the Member is free from any medical concerns, please tick 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以剔號表示，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

Otorhinolaryngological 耳鼻喉

- Acute otitis media or external
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 judgment 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 unocular 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：_____

Further Information 補充資料 (If appropriate 如適用)



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。

Additional Comments 補充資料 (If any 如適用) : _____

Name of Physician 醫生姓名 _____	Signature 簽名 _____
Address 地址 _____	
Telephone 電話 _____	Date 日期 _____ . 2012

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

Name 姓名 _____	Telephone 電話 _____
Address 地址 _____	

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 _____
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If the member is under 21 years of age 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 _____ . 2012
Parent's/Guardian's Name 家長/監護人姓名 _____	

Remarks by HQ HKACC 香港航空青年團總部批註