



MEMORANDUM

From	OC AAS	To	Unit Commanders
Ref	002 in OU11/02/Memo	CC	Major Unit Commanders, Headquarters
Tel	27128900	Date	15.09.2011
Fax	27156944		

Operation Unicorn 2011/02 Outdoor Leader Course (OLC) 2012, New Zealand Application for Officer

Organised by Adventure Activities Squadron (AAS)

Introduction

Operation Unicorn 2011/02 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 Outdoor Leader Course and an officer, escorting up to 4 selected cadets, will also join the Officer Outdoor Leader Course (OOLC) to be courtesy of the New Zealand Cadet Forces (NZCF). Both OLC and OOLC will be conducted at Dip Flat, Woodbourne, New Zealand between 11 and 20 January 2012 (both date inclusive).

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

Cost

Officer, having successfully completed this training and being selected for the OOLC, is entitled to a scholarship which covers most of the basic expenses of the OOLC.

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, officer must fulfill the following criteria:

1. An active duty commissioned officer of the Corps;
2. Physically fit;
3. At least two years of active service;
4. Excellent command in English language;
5. Good inter-personal skills;
6. Valid First Aid Certificate; and
7. Basic Outdoor Leader knowledge and/or experience, preference will be given to

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holder of:

- I. HKMU Level 3 Mountaineering Craft Certificate or above; or
- II. AYP Instructor (Level Silver) or above; or
- III. The Corps' Senior Expedition Instructor or above; or
- IV. The Corps' Adventure Activities Supervisor.

Application


Interested officers please complete the application form and return to Fg Off Joe S L YUEN electronically at siulungyuen@yahoo.com.hk on or before **2359hrs 30 September 2011** 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 October 2011 to January 2012.

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 Fg Off Joe S L YUEN at 81016753.



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



Application for Operation Unicorn 2011

Part A – Application by Officer – 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 _____ . 2011 Applicant's Signature _____

Part B – Endorsement by Unit Commander

Name _____ Signature _____

Rank _____ Date _____ . 2011

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	_____ . 2010

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	_____ . 2011
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