HONG KONG AIR CADET CORPS

AVIATION EDUCATION WING

<u>MEMO</u>

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From : OC G Flt | To : All OC Sqn

Ref : (2) in GS1819 Date : 16 April 2018

Selection Interview for Glider Scholarships 2018 – 2019

Previous memo ref: (1) in GS1819 refers, the details for the first round of the selection interview of the Glider Scholarships 2018 - 2019 are as follows,

Date: 23 April 2018 (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 2018 (Wednesday) from 1830hrs to 2230hrs at the Headquarters.

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 GS1819

Start Time for Applicants of Glider Scholarships 2018 - 2019

	Unit	Rank	Name	Time
1	605	ОТ	TSUI Ka-lam	
2	609	ОТ	YU Wo-ping Nicholas	
3	402	Cpl	SHUM Chung-yan	1900hrs
4	505	Cpl	TUNG Hoi-hin	19001118
5	302	1CC	TSE Jordan Michael	
6	201	ВС	NG Tsz-wai	
7	604	ОТ	CHUNG Yue-hin	
8	604	ОТ	LIU Hoi-ling	
9	605	ОТ	NG Kit-man	1935hrs
10	609	ОТ	LIN Ho-chun	19531118
11	201	Sgt	LEUNG Yat-long	
12	403	Sgt	TU Chi-yan	
13	609	ОТ	LUI Wai-ki Alston	
14	402	Cpl	TSU Ying-heng Natarie	
15	606	Cpl	WAN Kwun-ho	2010hrs
16	С	LCpl	WONG Hoi-lam	20101118
17	302	1CC	PUN Pak-hei	
18	201	ВС	KWOK Ho-sang	
19	604	ОТ	CHOW Tsz-ho Kevin	
20	604	ОТ	FAN Kaye-hey	
21	605	ОТ	LAI Tsz-kwan	2045hrs
22	607	ОТ	LI Wan-tsun Walton	
23	609	ОТ	LUI Ka-ho	
24	103	Fg Off	LEE Cheuk-wang Laurence	
25	2Wg	Plt Off	LEUNG Cheuk-hin Boris	
26	107	Plt Off	Chan Wai-hin Anthony	2120hrs
27	214	Plt Off	HO Chun-him Jerry	21201118
28	604	ОТ	WONG Ling-chi	
29	604	ОТ	SHEK Chun-hung	

^{*} All candidates are reminded to arrive **15 minutes before** the scheduled start time.

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 2018 – 2019 ("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		