HONG KONG AIR CADET CORPS

AVIATION EDUCATION WING

MEMO

From	: OC G Flt	To	: All OC Sqn
Ref	: (2) in GS1920		
Date	: 26 April 2010		

Selection Interview for The YCC Glider Scholarships 2019 – 2020

Previous memo ref: *(1) in GS1920* refers, the details for the first round of the selection interview of The YCC Glider Scholarships 2019 – 2020 are as follows,

Date:	29 April 2019 (Monday)
Time:	1900hrs – 2200hrs (For individual start time, please refer to Appendix I)
Venue:	Wing HQ, High Street
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 8 May 2019 (Wednesday) from 1830hrs to 2230hrs at the Wing HQ, High Street.

For further enquiries please feel free to contact the undersigned at hkacc.gflt@gmail.com.

Carrie Y T KWONG
Flying Officer
for OC Glider Flight

Encl.
c.c. All OC Major Units, All Interviewees of GS1920

Appendix I

Start Time for Applicants of The YCC Glider Scholarships 2019 - 2020

	Unit	Rank	Name	Time
1	108	Sgt	HUI Wai-kin	1900hrs
2	201	Cpl	PAU Shing-hin	
3	308	Cpl	WONG Pak-ming	
4	402	Cpl	LING Yi-kwan Ingrid	
5	403	Cpl	LAI Cheuk-fung	
6	507	Cpl	WONG Pak-yin	
7	403	Sgt	SO Tsz-kit	1935hrs
8	201	Cpl	NG Tsz-wai	
9	302	Cpl	TSE Jordan Michael	
10	313	Cpl	HUNG Cheuk-yin	
11	507	Cpl	KWOK Shu-chun	
12	C	Cpl	WONG Hoi-lam	
13	308	Instr	SO Yung-kam	2010hrs
14	602	OT	POON Chun-yin Timothy	
15	605	OT	KAN Ho-hung	
16	605	OT	LAM Hei-cheuk	
17	605	OT	NG Ho-lun	
18	605	OT	YEUNG Lok-tin	
19	403	FS	LAU Ka-wai	
20	605	OT	HO Tsun-kit	2050hrs
21	605	OT	KAN Ho-yuen	
22	605	OT	MA King-hong	
23	605	OT	WU Oi-sha Elsa	
24	609	OT	HO Chun-leung	
25	108	FS	FUNG Chi-wai	
26	408	FS	LEE Hin-yat	

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

Appendix II

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 YCC Glider Scholarships 2019 – 2020 *("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 _____