

HONG KONG AIR CADET CORPS

From	: OIC No 114 JNCOTC	To	: All OC Units
Ref	: No 114 JNCOTC_01	Date	: 5 March 2026

No 114 Junior Non-commissioned Officer Training Course (JNCOTC) **Invitation for Applications**

No 114 JNCOTC will be held in May 2026 and is now open for applications. Details are as follows:

Date & Time

Selection: 0900 hrs to 1130 hrs on 17 May 2026 (Sunday)
Training: 1300 hrs to 1800 hrs on 17 May 2026 (Sunday)
Assessment I: 0900 hrs to 1800 hrs on 24 May 2026 (Sunday)
Assessment II: 0900 hrs to 1800 hrs on 25 May 2026 (Monday)

Venue Hong Kong Air Cadet Corps Headquarters and Training Centre

Course Size 30

Course Fee HKD 100

Dress Code No 3B (Rolled Sleeve) Field Dress

Pre-requisite Ranked Basic Cadet or above with the following:
I) Minimum One Year of Active Service
II) Passed in First Class Cadet Subject – Hong Kong Air Cadet Corps
III) Passed in First Class Cadet Subject – Customs and Courtesy

Priority Applicants with the following:
I) From Kowloon Wing
II) Holding the Classification of First Class Cadet or above

Course Outline Role of Junior Non-commissioned Officer, Discipline, Dress Regulations, Leadership, and Communication

Assessment
Written: Hong Kong Air Cadet Corps, Customs and Courtesy, and Dress Regulations
Continuous: Course Performance, Discipline, Leadership, and Communication

Attendance 100% Compulsory

Application Submit the following via Unit Commanders to klnwg.jncotc@gmail.com:
(I) Application Form
(II) Health Condition Declaration

Deadline 2300 hrs on 15 April 2026 (Wednesday)

Should you have any enquiries, please contact the undersigned at klnwg.jncotc@gmail.com.

Plt Off Jerry LI
Officer-in-charge
No 114 Junior Non-commissioned Officer Training Course

Encl.

參加者聲明

Participant's Declaration

本人明白，上述課程／活動可能包括體能及歷險訓練成份，如本人在參與課程／活動期間遭遇意外受傷，本人同意香港航空青年團及其安排活動的有關人士無須負上任何責任。本人身體並無任何健康問題令本人不適宜參與上述課程／活動。

I understand that the above course/activity 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/activity.

簽署

Signature:

姓名

Name:

日期

Date:

參加者家長 / 監護人或授權人聲明書

Participant's Parent / Guardian or Person Authorized by Participant's Parent / Guardian's Declaration

參加者須由家長／監護人或經其家長／監護人授權者填寫此同意書(家長／監護人或「獲授權人」必須為十八歲或以上人士)。

This consent form should be completed by parent/guardian of participant or by person authorized by their parent/guardian (parent/guardian or authorized person should be at 18 years of age or above)

本人同意參加者參加上述課程／活動，並聲明他／她身體並無任何疾病，令他／她不宜參加此項課程／活動。如果因參加者的疏忽或體能欠佳，以致在參加這項課程／活動時傷亡，香港航空青年團及其安排課程／活動的有關人士無須負上任何責任。

I agree to allow the participant to participate in the above-mentioned course/activity and declare that he/she does not suffer from any illness that renders him/her unfit for the course/activity. The Hong Kong Air Cadet Corps and its members shall not be liable for any injury or death which the participant 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.

家長／監護人或獲授權人簽署

Parent / Guardian of Authorized Person's Signature:

姓名

Name:

聯絡電話號碼

Contact Telephone Number:

日期

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
HKID 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

日期
Date / /

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:

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

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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 under 21 years of age)

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