

INTERNATIONAL AIR CADET EXCHANGE INFORMATION FORM



IMPORTANT – IN CAPITAL LETTER ONLY USING BLACK INK

OWN COUNTRY		YEAR OF EXCHANGE														
HOSTING COUNTRY		RANK														
FAMILY NAME (SURNAME MUST BE SAME AS PASSPORT)																
GIVEN NAME (FIRST NAME MUST BE SAME AS PASSPORT)																
NAME FOR NAME TAG																
COUNTRY OF BIRTH		CITY OF BIRTH														
DATE OF BIRTH		AGE AS OF 1 AUGUST	RELIGION (OPTIONAL)													
FULL HOME ADDRESS																
DAYTIME TELEPHONE			OTHER TELEPHONE													
EMAIL ADDRESS			POLO/T-SHIRT SIZE													
<p>TICK APPROPRIATE BOXES</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> AIR CADET</td> <td><input type="checkbox"/> MALE</td> <td><input type="checkbox"/> Flying Scholarship</td> <td><input type="checkbox"/> Private Pilot License</td> </tr> <tr> <td><input type="checkbox"/> ESCORT</td> <td><input type="checkbox"/> FEMALE</td> <td><input type="checkbox"/> Gliding Scholarship</td> <td><input type="checkbox"/> Kiting/Hang Gliding</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Gliding License</td> <td><input type="checkbox"/> Other</td> </tr> </table>					<input type="checkbox"/> AIR CADET	<input type="checkbox"/> MALE	<input type="checkbox"/> Flying Scholarship	<input type="checkbox"/> Private Pilot License	<input type="checkbox"/> ESCORT	<input type="checkbox"/> FEMALE	<input type="checkbox"/> Gliding Scholarship	<input type="checkbox"/> Kiting/Hang Gliding			<input type="checkbox"/> Gliding License	<input type="checkbox"/> Other
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PASSPORT NUMBER		DATE OF ISSUE		PLACE OF ISSUE												
PASSPORT EXPIRY		LANGUAGES SPOKEN														
DIETARY REQUIREMENTS (Nil, Vegetarian, etc)																
MEDICAL CONDITIONS (Previous Surgery, Allergies, Asthma, also list each medication)																
PHYSICIAN'S NAME			PHYSICIAN'S TELEPHONE													
TRAVEL/MEDICAL INSURANCE PROVIDER			ACCOUNT NUMBER													
EMERGENCY CONTACT NAME			RELATIONSHIP (Mother, etc)													
EMERGENCY CONTACT TELEPHONE			24 HOUR CONTACT													
<p>CONSENT TO FLY AND FOR EMERGENCY TREATMENT</p> <p><i>*For cadets under 18, this must be signed by the person having parental responsibility</i></p> <p><i>*Persons who are 18 or older should sign on their own behalf</i></p> <p>I give permission for the individual named above to fly in military and civilian aircraft during the International Air Cadet Exchange and to take part in the programmed activities of the host country. I also give permission for the individual to be given any necessary surgical treatment during the Exchange visit.</p>																
SIGNATURE _____			DATE _____													
PRINTED NAME																