

ANNEX B

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 NAMES (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 | | | | |
| TICK APPROPRIATE BOXES | | | | |
| <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 | |
| POLO / T-SHIRT SIZE | | | | |
| <input type="checkbox"/> X SMALL | <input type="checkbox"/> LARGE | | | |
| <input type="checkbox"/> SMALL | <input type="checkbox"/> X LARGE | | | |
| <input type="checkbox"/> MEDIUM | <input type="checkbox"/> XX LARGE | | | |
| 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 | | |
| CONSENT TO FLY AND FOR EMERGENCY TREATMENT | | | | |
| * For cadets under 18, this must be signed by the person having parental responsibility | | | | |
| * Persons who are 18 or older should sign on their own behalf | | | | |
| 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 medical treatment during the Exchange visit. | | | | |
| SIGNATURE | | DATE | | |
| PRINTED NAME | | | | |