

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			
<i>* For cadets under 18, this must be signed by the person having parental responsibility</i>			
<i>* Persons who are 18 or older should sign on their own behalf</i>			
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			