



INTERNATIONAL AIR CADET EXCHANGE INFORMATION FORM

IMPORTANT - IN CAPITAL LETTERS ONLY USING BLACK INK PLEASE

OWN COUNTRY:		YEAR OF EXCHANGE:	PHOTOGRAPH
FAMILY NAME (SURNAME) – (ESCORTS INCLUDE MILITARY RANK WHERE HELD):			
GIVEN NAMES:			
NAME FOR NAME TAG: Nickname and surname			
FULL HOME ADDRESS (Including postal code/zip code):			
E-MAIL:			
CONTACT TELEPHONE NUMBERS		DAYTIME:	PASSPORT NUMBER AND PLACE AND DATE OF ISSUE:
		OTHER:	
COUNTRY AND PLACE OF BIRTH:		DATE OF BIRTH:	AGE AS OF 1 AUGUST OF THE EXCHANGE YEAR (cadets only):
HOST COUNTRY:		LANGUAGES SPOKEN:	RELIGION:
<input type="checkbox"/> MALE	<input type="checkbox"/> AIR CADET	CADET AND CIVILIAN FLYING:	
<input type="checkbox"/> FEMALE	<input type="checkbox"/> ESCORT	<input type="checkbox"/> Flying Scholarship	<input type="checkbox"/> Private Pilots Licence
		<input type="checkbox"/> Gliding Scholarship	<input type="checkbox"/> Glider Pilots Licence
		<input type="checkbox"/> Glider Instructor	<input type="checkbox"/> Other
DIETARY REQUIREMENTS (Nil or other):			
SPECIAL MEDICATION OR MEDICAL CONDITIONS: IE PREVIOUS MAJOR SURGERY, ASTHMA, HAY FEVER OR OTHER ALLERGIES(MEDICATION IS TO BE SPECIFIED):			
CONTACT IN CASE OF EMERGENCY:			
TELEPHONE NO:		FAX/24 HOUR CONTACT NO:	
E-MAIL:			
CONSENT BY GUARDIAN OR PARENT RESPONSIBLE FOR CADETS UNDER 18 YEARS OF AGE: I give my permission for the cadet 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 cadet to be given any necessary surgical treatment during the Exchange			
SIGNED:			
DATE:		PRINTED NAME:	