

AIR TRAINING CORPS

INITIAL RECORD FORM

SQN	WING	REGION
SURNAME	OTHER NAMES	DATE OF BIRTH
ADDRESS		NEXT OF KIN NAME RELATIONSHIP NATIONALITY ADDRESS (if different from applicant)
TEL NO		
NATIONALITY	RELIGION	SCHOOL
PHYSICAL FITNESS i.e. any illness or disability such as epilepsy, asthma etc		
INTEREST HOBBIES SPORTS; ABILITY TO SWIM		
MEMBERSHIP OF OTHER ORGANISATION		
REASON FOR JOINING ATC		
INTRODUCED BY		
INTERVIEWERS COMMENTS		
INTERVIEWED BY		DATE