






ABN: 74 009 819 792
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STUDENT ENROLMENT FORM

| | | | |
|--|--|--|---|
| Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other | Family Name | | |
| | First Name | Other Given Name | |
| | Male <input type="checkbox"/> Female <input type="checkbox"/> | Date of Birth/...../..... | |
| Home Address | | | |
| Suburb or Town | | Post Code | |
| Home Phone | Work Phone | Work Fax | |
| Mobile | Email | | |
| Next of Kin | | Relationship | |
| Address | | | |
| Phone | Mobile | Email | |
| It would be appreciated if you would complete the questionnaire on the reverse side of this form. | | | |
| Type of Enrolment | Commencing <input type="checkbox"/> | Continuing <input type="checkbox"/> | |
| | Full-time <input type="checkbox"/> | Part-time <input type="checkbox"/> | |
| | | Recognition of Prior Learning <input type="checkbox"/> | |
| | | Credits Transfer <input type="checkbox"/> | |
| Training Program Enrolled (Bold Indicates an RTO Course) | | RTO Course | Start Date |
| <input type="checkbox"/> | Private Pilot Licence (PPL) or GFPT Training Only | | |
| <input type="checkbox"/> | Commercial Pilot Licence (CPL) 200 HR Certificate IV in Aviation (Commercial Pilot Aeroplane Licence) (AVI40108) |  | |
| <input type="checkbox"/> | Commercial Pilot Licence (CPL) – INTEGRATED 150 hr COURSE Certificate IV in Aviation (Commercial Pilot Aeroplane Licence) (AVI40108) |  | |
| <input type="checkbox"/> | Multi Engine Command Instrument Rating Course Diploma in Aviation – Instrument Flight Operation (AVI50408) |  | |
| <input type="checkbox"/> | Aerobatic Pilot <input type="checkbox"/> | Grade 3 Instructor <input type="checkbox"/> | Simulator Operator / Trainer <input type="checkbox"/> |
| <input type="checkbox"/> | Formation Pilot <input type="checkbox"/> | NVFR Pilot <input type="checkbox"/> | Other _____ <input type="checkbox"/> |

I have received relevant course information and I am aware that the student pilot handbook is available on the Aero Club website, I have had an opportunity to clarify any parts of these that I did not understand. I am enrolling in the course as indicated above.

Student Signature

Date

| | | | |
|--|---|---------------------------------------|-----------------------------|
| It would be appreciated if you would provide the following information. | | | |
| What is your country of Birth? _____ | | | |
| What is your current occupation? _____ | | | |
| Which of the following best describes your Level of English Proficiency ? Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not At All <input type="checkbox"/> | Is English Spoken at your home ? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Which of the following best describes your current EMPLOYMENT CATEGORY? Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Employer <input type="checkbox"/> Other | | | |
| Are you still attending secondary school ? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Please indicate the highest level of secondary school successfully completed. (please tick one box) Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or lower <input type="checkbox"/> In which year did you complete that school level? | | | |
| Please tick your prior education if relevant | | | |
| Bachelor Degree or Higher Level | <input type="checkbox"/> | Advanced Diploma or Associate Diploma | <input type="checkbox"/> |
| Diploma | <input type="checkbox"/> | Cert IV | <input type="checkbox"/> |
| Cert III | <input type="checkbox"/> | Cert II | <input type="checkbox"/> |
| Cert I | <input type="checkbox"/> | Miscellaneous _____ | <input type="checkbox"/> |
| Do you have any disabilities that may impact on your flying training course ? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, please provide information so we may better assist your training. _____ | | | |

Office Use Only

| | | | Certified Instructor / ARN | |
|---|--|----------------------|----------------------------|--|
| 1 MINIMUM AGE 18 YEARS | | | | |
| 2 STUDENT LICENCE APPLICATION COMPLETED | | | | |
| 3 MEDICAL PASSED | DOCTOR í | | | |
| | DATE / VALID í | | | |
| 4 LICENCE ISSUED | ARN í .. | | | |
| 5 STUDENT HANDBOOK ISSUED | | | | |
| 6 MEMBERSHIP APPLICATION | | | | |
| 7 STATEMENT OF ATTAINMENT ISSUED | Dated í í í í í í í í í í í í .. | Issued í í í í í í | | |
| 8 QUALIFICATION REGISTERED | Qualification Dated í í í í í í . | Issued í í í í í í | | |
| | Assessment Record í í í í í í | Issued í í í í í í | | |
| 9 CERTIFICATE ISSUED | Qualification Date í í í í í í | Issued í í í í í í . | | |
| 10 QUALIFICATION REGISTERED WITH OFFICE STAFF | | | | |