



APPLICATION FORM

PERSONAL DETAILS

TITLE Mr  Mrs  Ms  Miss  Other

DATE OF BIRTH  /  /  GENDER M  F  FIRST NAME

MIDDLE NAME  SURNAME

POSTAL ADDRESS

TELEPHONE Home (  )  Work (  )  Cellular (  )

EMAIL  CITIZENSHIP NZ Citizen  NZ Permanent Resident  Other

NEXT OF KIN DETAILS

FIRST NAME  SURNAME

POSTAL ADDRESS

TELEPHONE (  )  RELATIONSHIP

PREVIOUS AVIATION TRAINING

*Please print NIL if/where none apply.*

LICENCE HELD Commercial  Private

RATINGS HELD Night  Instrument   
Multi  Instructor

AIRCRAFT RATINGS

HOURS FLOWN

EXAM CREDITS

CAA CLIENT NO

MEDICAL Class 1  Class 2  Expiry  /  /

PREVIOUS TRAINING ORGANISATION

ACADEMIC QUALIFICATIONS

*Required if aged under 20 years.*

SECONDARY SCHOOL ATTENDED

ALL 11 GRADE SUBJECTS		ALL 12 GRADE SUBJECTS		ALL 13 GRADE SUBJECTS	
Subject	Grade	Subject	Grade	Subject	Grade

COURSE DETAILS I wish to make application for enrolment in the following course:

**A. FLIGHT & THEORY**

Fixed Wing  Diploma in Aviation  Commercial Pilot Licence  Instrument Rating   
Helicopter  Private Pilot Licence  Instructor Rating  SPMEIR

**B. THEORY ONLY**

Fixed Wing  Commercial  Instrument  Helicopter   
Private  Subject

**C. SPECIALISED COURSES**

Aerobatics  Night Flying  Landing  Tailwheel Ratings   
Secondary School Module  Mountain Flying  Strip Flying  Float Plane Rating

Do you require a student loan? Yes  No  Do you require course fee info? Yes  No   
Will you be a full time student? Yes  No  Do you require accommodation? Yes  No

I wish my course to start  /  /

PLEASE SIGN AND DATE BELOW:

Signature  DATE  /  /

PLEASE SUPPLY THREE CREDIT REFEREES:

1

2

3