

Modular Training Programmes

Application for Professional Training

Your career starts here...



YOUR APPLICATION

IF APPLYING BY EMAIL, PLEASE SCAN AND ATTACH THE SUPPORTING DOCUMENTS LISTED ON THE LAST PAGE OF THE APPLICATION FORM. IF YOU CAN'T PROVIDE THE SUPPORTING DOCUMENTS AS EMAIL ATTACHMENTS, YOU WILL NEED TO POST THEM TO US BEFORE WE CAN COMPLETE YOUR BOOKING, BUT WE WILL BE HAPPY TO MAKE A PROVISIONAL BOOKING IN THE MEANTIME, SO THAT YOU MAY COMPLETE YOUR TRAVEL ARRANGEMENTS.

Application For Professional Modular Training



TITLE (MR, MRS, MS ETC.)

FIRST NAMES (FORENAMES)

SURNAME (FAMILY NAME)

ADDRESS LINE 1 (HOUSE NAME OR NUMBER, AND STREET)

COUNTY / REGION

ADDRESS LINE 2 (VILLAGE OR AREA)

POSTCODE / ZIP

ADDRESS LINE 3 (MAIN TOWN OR CITY)

COUNTRY

EMAIL ADDRESS

DATE OF BIRTH (DD/MM/YYYY)

PREFERRED METHOD OF COMMUNICATION (PLEASE TICK BOX)

LETTER EMAIL TELEPHONE

PLACE OF BIRTH (TOWN / CITY AND COUNTRY)

CONTACT PHONE NUMBER (INCLUDE ANY INTERNATIONAL CODE)

NATIONALITY

VISA

YOU MAY BE REQUIRED TO OBTAIN A VISA TO TRAIN AT OUR AIRLINE TRAINING CENTRE IN THE UNITED STATES. HAVE YOU EVER HAD A VISA APPLICATION REFUSED? IF YES, PLEASE GIVE DETAILS IN THE ADDITIONAL INFORMATION BOX ON PAGE FOUR OF THIS APPLICATION FORM.

Yes No

PASSPORT NUMBER

PASSPORT EXPIRY DATE (DD/MM/YYYY)

COUNTRY OF ISSUE

CRIMINAL OFFENCES

HAVE YOU EVER BEEN CAUTIONED, WARNED OR CONVICTED OF A CRIMINAL OFFENCE (OTHER THAN TRAFFIC OR PARKING OFFENCES)?

Yes No

EMERGENCY CONTACT NAME

RELATIONSHIP

IF YES, WE SUGGEST YOU CHECK WHETHER YOU WILL BE ABLE TO OBTAIN AN AIRSIDE PASS BY VISITING:

WWW.DISCLOSURESCOTLAND.CO.UK OR CALLING 0870 609 6006

EMERGENCY CONTACT NUMBER

PERSONAL DETAILS (CONTINUED)

DO YOU HOLD A VALID EASA CLASS 1 MEDICAL?*

Yes No

IF YES, PLEASE STATE COUNTRY OF ISSUE

IF YES, PLEASE GIVE THE DATE OF ISSUE (DD/MM/YYYY)

EASA CERTIFICATE NUMBER

* IF YOU HOLD A CLASS 1 MEDICAL CERTIFICATE, PLEASE SUBMIT A COPY AT THE TIME OF APPLICATION

IS ENGLISH YOUR FIRST LANGUAGE?

Yes No

IF NO, PLEASE STATE YOUR PROFICIENCY ON A SCALE OF 0 - 6 (0 BEING LOW AND 6 BEING HIGH. PLEASE TICK BOX)

0 1 2 3 4 5 6

ACADEMIC BACKGROUND

COLLEGES/UNIVERSITIES	LOCATION	SUBJECTS	LEVEL (I.E. GCSE, A-LEVEL)	GRADE	YEAR AWARDED
SECONDARY SCHOOL ATTENDED	LOCATION	SUBJECTS	LEVEL	GRADE	YEAR AWARDED
PROFESSIONAL OR OTHER QUALIFICATIONS	WHERE YOU STUDIED		LEVEL	GRADE	YEAR AWARDED

EMPLOYMENT & WORK EXPERIENCE

EMPLOYER (INC. LOCATION)	DATES: FROM - TO	POSITION HELD	GENERAL RESPONSIBILITIES	REASON FOR LEAVING

PERSONAL INTERESTS & ACHIEVEMENTS

AVIATION QUALIFICATIONS & EXPERIENCE

PLEASE INDICATE WHICH LICENCES, QUALIFICATIONS AND FLYING HOURS YOU HAVE, IF ANY

FIXED WING PILOT

PPL IMC NIGHT RATING CPL MEP IR Current SEP

PLEASE STATE CURRENT LICENCE NUMBER

PLEASE STATE COUNTRY OF ISSUE (IF NON-UK)

GLIDER QUALIFICATION (PLEASE STATE)

ROTARY PILOT

PPL IMC NIGHT RATING CPL IR

PLEASE STATE CURRENT LICENCE NUMBER

PLEASE STATE COUNTRY OF ISSUE (IF NON-UK)

MILITARY (PLEASE STATE)

SUMMARY OF HOURS

TOTAL FIXED WING TOTAL PIC TOTAL INSTRUMENT

TOTAL ROTARY TOTAL PIC TOTAL INSTRUMENT

TOTAL MILITARY TOTAL PIC TOTAL INSTRUMENT

HOURS FLOWN IN THE LAST SIX MONTHS

DATE OF LAST FLIGHT (DD/MM/YYYY)

TYPE OF AIRCRAFT

PLEASE INDICATE WHICH COURSE YOU ARE APPLYING FOR BY TICKING THE RELEVANT BOX

DISTANCE LEARNING MODULAR ATPL THEORY

PRE-ENTRY REQUIREMENTS

- VALID ICAO PPL
- CLASS 1 MEDICAL

PLEASE ENCLOSE PHOTOCOPIES OR EMAIL SCANNED IMAGES OF THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION FORM AND TICK THE APPLICABLE ITEMS:

- PASSPORT
- PPL CERTIFICATE
- UK RT LICENCE (IF HELD)
- EASA CLASS 1 MEDICAL CERTIFICATE
- TWO UK SIZED PASSPORT PHOTOS OR DIGITAL JPEG (3.5 x 4.5 cm)

PLEASE STATE THE MONTH AND YEAR YOU WISH TO COMMENCE TRAINING

HOW MANY HOURS PER WEEK DO YOU HOPE TO SPEND ON STUDYING?

COURSE MATERIAL (INCLUDING 14 VOLUMES OF BOOKS) IS DISPATCHED BY COURIER, PLEASE NOTE THAT AN ADDITIONAL CHARGE MAY APPLY. PLEASE ENTER BELOW THE ADDRESS WHERE YOU WISH THE CONSIGNMENT TO BE DELIVERED, AND WHERE SOMEONE WILL BE AVAILABLE TO ACCEPT THE GOODS ON YOUR BEHALF.

NAME

ADDRESS LINE 1 (HOUSE NAME OR NUMBER, AND STREET)

COUNTY / REGION

ADDRESS LINE 2 (VILLAGE OR AREA)

POSTCODE / ZIP

ADDRESS LINE 3 (MAIN TOWN OR CITY)

COUNTRY

CONTACT PHONE NUMBER

I WISH TO APPLY FOR DISTANCE LEARNING ATPL THEORY

FULL TIME MODULAR GROUND SCHOOL (CLASSROOM BASED INSTRUCTION)

PRE-ENTRY REQUIREMENTS

- VALID ICAO PPL
- CLASS 1 MEDICAL

PLEASE ENCLOSE PHOTOCOPIES OR EMAIL SCANNED IMAGES OF THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION FORM AND TICK THE APPLICABLE ITEMS:

- PASSPORT
- PPL CERTIFICATE
- UK RT LICENCE (IF HELD)
- EASA CLASS 1 MEDICAL CERTIFICATE

COURSE START DATES

PLEASE INDICATE THE COURSE START DATE THAT YOU WISH TO ENROL UPON.

(NOTE: ALL DATES LISTED MAY BE SUBJECT TO CHANGE)

14 Oct 2013 27 Jan 2014 28 April 2014 26 Aug 2014 13 Oct 2014

I WISH TO APPLY FOR FULL-TIME CLASSROOM BASED ATPL THEORY

MODULAR COURSES

PLEASE INDICATE THE COURSE YOU ARE APPLYING FOR BY TICKING THE RELEVANT BOX

WAYPOINT PILOT PROGRAMME

PRE-ENTRY REQUIREMENTS (REQUIRED UPON APPLICATION)

- VALID ICAO PPL
- UK EASA CLASS 1 MEDICAL
- EASA ATPL THEORY EXAMINATIONS
- 80% AVERAGE IN ATPL THEORY EXAMINATIONS
- NO MORE THAN 2 EXAM RETAKES
- SATISFACTORY SCHOOL REPORT

PRE-ENTRY REQUIREMENTS (REQUIRED BEFORE COURSE START DATE)

- 169 HOURS TOTAL FLIGHT TIME
- 100 HOURS PIC
- NIGHT RATING
- UK RT CERTIFICATE

PLEASE ENCLOSE PHOTOCOPIES OR EMAIL SCANNED IMAGES OF THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION FORM AND TICK THE APPLICABLE ITEMS:

- | | |
|------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> PASSPORT | <input type="checkbox"/> EASA CLASS 1 MEDICAL CERTIFICATE |
| <input type="checkbox"/> PPL CERTIFICATE | <input type="checkbox"/> ATPL THEORY EXAM RESULTS (IF COMPLETED) |
| <input type="checkbox"/> NIGHT RATING | <input type="checkbox"/> LAST 4 PAGES OF YOUR FLIGHT LOG BOOK |
| <input type="checkbox"/> UK RT LICENCE | |

I WISH TO APPLY FOR THE WAYPOINT PILOT PROGRAMME

PLEASE STATE THE MONTH & YEAR YOU WISH TO COMMENCE TRAINING

PLEASE INDICATE THE COURSE YOU ARE APPLYING FOR BY TICKING THE RELEVANT BOX

FLIGHT INSTRUCTOR COURSE

PRE-ENTRY REQUIREMENTS (REQUIRED UPON APPLICATION)

- VALID UK OR EASA PILOTS LICENCE WHICH MUST INCLUDE A VALID SEP (LAND) CLASS RATING OR A VALID SINGLE ENGINE TYPE RATING
- EASA CPL THEORETICAL KNOWLEDGE EXAMINATIONS (OR ATPL)
- PPL ONLY HOLDERS, MUST HAVE AT LEAST 200 HOURS OF FLIGHT TIME OF WHICH 150 HOURS MUST BE PIC (PICUS DOES NOT COUNT UNLESS APPLICANT HAS COMPLETED AN INTEGRATED COURSE)
- A TOTAL OF 30 HOURS ON SEP AIRCRAFT OF WHICH 5 HOURS SHALL BE IN THE 6 MONTHS PRECEDING THE PRE-ENTRY FLIGHT TEST
- A TOTAL OF 10 HOURS INSTRUMENT FLIGHT INSTRUCTION OF WHICH 5 HOURS MAY BE SYNTHETIC TRAINING (THOSE CANDIDATES WHO HAVE AN INSTRUMENT RATING WILL MEET THIS REQUIREMENT)
- A TOTAL OF 20 HOURS OF CROSS COUNTRY FLYING AS PIC INCLUDING A FLIGHT OF AT LEAST 540KM (300NM) IN THE COURSE OF WHICH FULL STOP LANDINGS HAVE BEEN MADE AT TWO AERODROMES DIFFERENT TO THE DEPARTURE AERODROME (CPL HOLDERS WILL HAVE MET THIS REQUIREMENT)

PLEASE ENCLOSE PHOTOCOPIES OR ATTACH SCANNED IMAGES OF THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION FORM AND TICK THE APPLICABLE ITEMS:

- | | |
|------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> PASSPORT | <input type="checkbox"/> EASA CLASS 1 MEDICAL CERTIFICATE |
| <input type="checkbox"/> PPL CERTIFICATE | <input type="checkbox"/> CPL OR ATPL THEORY EXAM RESULTS (IF COMPLETED) |
| <input type="checkbox"/> NIGHT RATING | <input type="checkbox"/> LAST TWO PAGES OF YOUR FLIGHT LOG BOOK |
| <input type="checkbox"/> UK RT LICENCE | <input type="checkbox"/> CPL / IR |
| | <input type="checkbox"/> SEP |

I WISH TO APPLY FOR THE FLIGHT INSTRUCTOR COURSE

PLEASE STATE THE MONTH & YEAR YOU WISH TO COMMENCE TRAINING

ADDITIONAL INFORMATION

HOW DID YOU HEAR ABOUT US?

WEBSITE WORD OF MOUTH ADVERTISING (PLEASE INDICATE)

OTHER

BEFORE SUBMISSION OF THIS APPLICATION, PLEASE MAKE SURE YOU HAVE ENCLOSED THE CORRECT SUPPORTING DOCUMENTATION AS LISTED BELOW

- PHOTOGRAPHIC IDENTIFICATION (A PHOTOCOPY OF PASSPORT)
- PHOTOCOPIES OF YOUR PPL, CPL, ATPL CERTIFICATE/LICENCE AND RATINGS
- A PHOTOCOPY OF YOUR EASA CLASS 1 MEDICAL CERTIFICATE
- TWO PASSPORT SIZED PHOTOGRAPHS (DISTANCE LEARNING ONLY)
- ATPL EXAM CERTIFICATES/RESULTS (WAYPOINT, FIC)
- NIGHT RATING + UK RT CERTIFICATE (WAYPOINT)
- A PHOTOCOPY OF THE LAST TWO PAGES OF YOUR FLYING LOGBOOK (WAYPOINT, FIC)

SIGNED AGREEMENT

I HEREBY CERTIFY THAT ALL INFORMATION I HAVE GIVEN IN THIS APPLICATION, ALONG WITH THE SUPPORTING DOCUMENTATION ENCLOSED, IS CORRECT AND THAT NO RELEVANT INFORMATION HAS BEEN WITHHELD.

I UNDERSTAND THAT ANY DEPOSIT PAID IS NON-REFUNDABLE AND THAT THE APPLICATION IS SUBJECT TO AVAILABILITY AT THE TIME OF SUBMISSION.

APPLICANT SIGNATURE

DATE (DD/MM/YYYY)

PLEASE INDICATE THE COURSE(S) APPLIED FOR IN THIS APPLICATION. PLEASE NOTE, ALL DEPOSITS ARE NON-REFUNDABLE.

DISTANCE LEARNING MODULE	£1,500 <input type="checkbox"/>
FULL TIME MODULAR GROUND SCHOOL	£1,000 DEPOSIT <input type="checkbox"/>
WAYPOINT PILOT PROGRAMME	£1,500 DEPOSIT <input type="checkbox"/>
FLIGHT INSTRUCTOR COURSE	£1,000 DEPOSIT <input type="checkbox"/>

TAKING YOUR PAYMENT

IF YOU DO NOT WISH TO INCLUDE YOUR PAYMENT DETAILS WITH THIS APPLICATION FORM AND WOULD PREFER A MEMBER OF OUR SALES TEAM TO CONTACT YOU, PLEASE INDICATE THIS BY TICKING THE BOX BELOW. ONE OF OUR SALES TEAM WILL THEN CONTACT YOU AT A SUITABLE TIME TO ARRANGE FOR YOUR PAYMENT TO BE TAKEN.

I WOULD LIKE TO BE CONTACTED BY TELEPHONE FOR MY PAYMENT DETAILS

CREDIT CARD TYPE (PLEASE TICK BOX) VISA MASTERCARD VISA DEBIT SWITCH / MAESTRO

PLEASE NOTE WE ARE UNABLE TO ACCEPT PAYMENT BY AMERICAN EXPRESS OR BY CHEQUE

PAYMENT OF MORE THAN £1000 BY A CREDIT CARD IS SUBJECT TO A 2% CHARGE.

CREDIT CARD NUMBER

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VALID FROM (DD/MM/YYYY)

VALID TILL (DD/MM/YYYY)

ISSUE NUMBER (SWITCH / MAESTRO)

3-DIGIT SECURITY / CCV CODE

(FOUND ON THE REVERSE OF YOUR CARD)

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NAME ON CARD

BILLING ADDRESS (THE ADDRESS WHERE YOUR CARD IS ISSUED TO)

ADDRESS LINE 1 (HOUSE NAME OR NUMBER, AND STREET)

COUNTY / REGION

ADDRESS LINE 2 (VILLAGE OR AREA)

POSTCODE / ZIP

ADDRESS LINE 3 (MAIN TOWN OR CITY)

COUNTRY

PLEASE POST THIS FORM TO

Sales Team

CAE OXFORD AVIATION ACADEMY

LONDON OXFORD AIRPORT

KIDLINGTON

OX5 1QX

UK