



Air Transport Training College

Professional Development Centre of the Singapore Institute of Aerospace Engineers

In Collaboration with



COURSE APPLICATION FORM

Course

| | |
|----------------------|--|
| 1. RPL Theory Course | |
| 2. PPL Theory Course | |

Attach photo here

Commencement Date :

Particulars of Applicant

| | | | |
|--|--|---|---|
| Name (As per Identification Card) : (In BLOCK LETTERS, Underline Surname) | | Your name in your own language or script, if any: | |
| Date of Birth : <input type="text" value="dd/mm/yyyy"/> | Place of Birth: | Age: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Identity Card No: | Passport No: | Race: | |
| Nationality : <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore Permanent Resident <input type="checkbox"/> International Applicant* | | | |
| *Please state nationality : | | Religion: | |
| Email Address : | | | |
| Address in Singapore : | | | |
| Tel no : | Home / Office: | Handphone: | |
| Occupation: | | Employer Name: | |
| Spectacles / Contact Lens: <input type="checkbox"/> Yes <input type="checkbox"/> No | Colour Blindness: <input type="checkbox"/> Yes <input type="checkbox"/> No | Height: | Weight: |
| English Language Proficiency: <input type="checkbox"/> Written only <input type="checkbox"/> Spoken only <input type="checkbox"/> Written & Spoken <input type="checkbox"/> IELTS / TOFEL / OETS or equivalent <input type="checkbox"/> Others (Pls Specify: _____) | | | |

Note: All information provided is treated with strictest confidentiality and are meant for internal use only

For International applicant only

| |
|----------------------|
| Hometown Address: |
| Hometown Contact No: |

In case of emergency

| | |
|------------------------------|-------------|
| Person to contact: | |
| Relationship with applicant: | Contact No: |

70 Seletar Aerospace View, Seletar Aerospace Training Complex, Singapore 797564
DID +65 6603 6603 FAX +65 6346 0115 Email sales@atfc.edu.sg Web http://www.atfc.edu.sg Co Reg 199901790-H

Education Level

Name of school attended, in chronological order, from the age of 12

| Name of Institution | Country | Period | | Highest Qualification(s) |
|---------------------|---------|----------------|--------------|--------------------------|
| | | From (YYYY/MM) | To (YYYY/MM) | |
| | | | | |
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Prior Flying Experience

Identify any previous Flying Experience you may have

| | |
|--|----------------------------|
| Name of Flying School: | |
| Qualification / endorsements attained: | Total Flying Hours Logged: |

Aviation Medical Examination (If Applicable)

| | |
|---|--|
| Name of Medical Examiner: | |
| Address of Medical Examiner: | |
| Category of Medical Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No | Other Medical Examinations: <input type="checkbox"/> Yes <input type="checkbox"/> No |

Miscellaneous

| | | |
|--|-------|--|
| Do you have any existing / past illness(es) or medical problem(s)? if yes, please give details | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been convicted of a criminal offence in court? if yes, please give details | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you served your National Service? if yes, please give details | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Appointment / Vocation: | Rank: | Unit: |
| | | Period of Service |
| | | From (YYYY/MM) To (YYYY/MM) |
| | | |
| Any other information (e.g. awards, CCAs, hobbies etc) which you think will aid in your application, please provide below: | | |

How did you get to know about Air Transport Training College?

| | | | | |
|---------------|---|--|--|--|
| Website | <input type="checkbox"/> ATTC Website | <input type="checkbox"/> SIAE Website | <input type="checkbox"/> WDA Website | <input type="checkbox"/> Others: _____ |
| Advertisement | <input type="checkbox"/> Newspaper: _____ | | <input type="checkbox"/> Others: _____ | |
| Exhibitions | <input type="checkbox"/> SCDF / SPF Career Fair | <input type="checkbox"/> MINDEF e-Prep Career Fair | <input type="checkbox"/> Others: _____ | |
| Referral | <input type="checkbox"/> Existing ATTC students | <input type="checkbox"/> Relatives | <input type="checkbox"/> Friends | <input type="checkbox"/> Others: _____ |

Student Declaration

- The information provided is true and accurate and I am 18 years of age or older.
If under the age of 18, a parent or legal guardian must also sign the contract.
- Agrees to be bound by Learn To Fly Melbourne rules and regulations and any amendments made to the rules and regulations.
- Agrees to the Learn to Fly Terms & Conditions Document.

Student Signature

Date

Parent and Legal Guardian Signature

Date

Note: If course application is rejected by the College, the College will contact the applicant via either letter or email for the refund of application fee. Original receipt must be produced for preparation of refund. Validity period for the refund of application fee is **ONE** month from the date of application reject letter issued to applicant.

I hereby declare that all information provided in this form is complete and accurate. I have read and understood the College's Terms and Conditions. I understand that if there are any incomplete or incorrect information, my admission will be withdrawn. As an applicant, I will observe and abide by the Rules & Regulations of the College and the enrolment terms and conditions of Learn to Fly.

Application Fee

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|---|-------------------------------|
| Singapore citizen and Singapore permanent resident: | SGD 214.00 (inclusive of GST) |
| International applicant: | SGD 535.00 (inclusive of GST) |

FOR OFFICIAL USE ONLY

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|-------------|-------------|--------------|
| Date: | Cash: | Cheque No: |
| Amount: SGD | Receipt No: | Received by: |