

**Course Application Form  
LANGUAGE PROFICIENCY RATING**

Company/Candidate Name:	
Contact Person:	Date:
Tel:	Fax:
Email:	Cell:

Ver 2: 12.09.2008

Candidate Name & Licence No.	Fixed or Rotary Wing Licence	General Radio Course & Exam	Language Proficiency Rating	Crew Resource Manage't Initial	Crew Resource Manage't Refresher	Reduced Vert. Sep. Course & Exam
		R 900 p/p	R 700 p/p	R 1700 p/p	R 850 p/p	R 980 p/p
Name:	<input type="checkbox"/> Fixed					
Lic. No.:	<input type="checkbox"/> Rotary					
Name:	<input type="checkbox"/> Fixed					
Lic. No.:	<input type="checkbox"/> Rotary					
Name:	<input type="checkbox"/> Fixed					
Lic. No.:	<input type="checkbox"/> Rotary					
Name:	<input type="checkbox"/> Fixed					
Lic. No.:	<input type="checkbox"/> Rotary					
Name:	<input type="checkbox"/> Fixed					
Lic. No.:	<input type="checkbox"/> Rotary					
Name:	<input type="checkbox"/> Fixed					
Lic. No.:	<input type="checkbox"/> Rotary					
Name:	<input type="checkbox"/> Fixed					
Lic. No.:	<input type="checkbox"/> Rotary					
		<b>TOTAL AMOUNT DUE: R</b>				

**PAYABLE TO:** Deal Alliance Aviation Ground School  
 First National Bank – Fish Hoek  
 Branch Code: 202309  
 Account No: 62023353379

**Please Note:** Payment to be made in full 2 days prior to commencement of the course. Fees are non-refundable if notification of cancellation by the individual delegate or by the company on behalf of the delegate is not received in writing prior to 2 days of the date of course commencement.

**Bio-Data Form**

Please complete in BLOCK LETTERS

Name of Candidate:	Gender: <input type="checkbox"/> <i>male</i> <input type="checkbox"/> <i>female</i>
Licence Category: <input type="checkbox"/> PPL <input type="checkbox"/> COM <input type="checkbox"/> ATPL	Birth Date:
Instrument Rated: <input type="checkbox"/> YES <input type="checkbox"/> NO	Instructor Rated: <input type="checkbox"/> YES <input type="checkbox"/> NO
Licence No.:	Licence Issue Date:

**PERSONAL DATA**

Present Address: _____ _____		
Tel. (1):	Tel. (2):	eMail:
ID No.:	Nationality:	Home Language:

**EDUCATIONAL BACKGROUND**

<input type="checkbox"/> <i>High School</i>	<input type="checkbox"/> <i>Vocational</i>	<input type="checkbox"/> <i>Diploma</i>	<input type="checkbox"/> <i>Undergraduate</i>	<input type="checkbox"/> <i>Postgraduate</i>
Training during the last 3 years				
Course Name	Place	Duration		

**PROFESSIONAL BACKGROUND**

Period of Service	Employer	Position/Title

**ANY OTHER RELEVANT INFORMATION**

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<b>Test fees paid by:</b> <input type="checkbox"/> <i>Self</i> <input type="checkbox"/> <i>Company/organisation</i>
<b>Receipt of results:</b> <input type="checkbox"/> <i>Collection by self</i> <input type="checkbox"/> <i>Send to Company/organisation</i>
Attention: _____
Position: _____

**INTERVIEW SCHEDULE ACKNOWLEDGEMENT**

Interview date:  _ _ _ _ _ _ _ _	time:  _ _ : _ _
Interview location: _____	Interviewer: _____

.....  
*Candidate's signature*

Date: .....

.....  
*Official's signature*

Date: .....