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**Mission Aviation Fellowship**

**TRAINING CENTRE**

**CPL for Papua New Guinea Students**

|  |  |  |  |
| --- | --- | --- | --- |
| **OFFICE USE ONLY** | | | |
| Applicant Name: |  | DATE: |  |
| Application Received by: |  | DATE: |  |
| Resourcing group: |  | Initial: |  |
| Has application form been completed: |  | Initial: |  |
| Have all documents been received: | YES  NO | Initial: |  |

**APPLICATION PROCEDURE**

1. **Application**

Use the below ‘Checklist for Applicants’ to complete your application and return your full application via email or mail to:

|  |  |
| --- | --- |
| MAF Training Centre  P.O. Box 2296  MAREEBA QLD 4880 | Email: PNG.TrainingCentre@mafint.org  Telephone: +61 7 4092 2744  Facsimile: +61 7 4092 1555 |

**C:\Users\peekr\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\K3N49YU9\MC900434929[1].png CHECKLIST FOR APPLICANTS C:\Users\peekr\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\K3N49YU9\MC900434929[1].png**

**(NOTE: All information needs to be provided in order to avoid processing delays)**

Completed all sections of this ‘Application Form’

Attached CV

Attached copies of current aviation licences and ratings / school certificates

1. **MAF Assessment Centre**

If your application is satisfactory to this point, you will receive an invitation to a “Pre-Training Assessment Centre” in Mareeba. This is a 2-3 day event where your capacity for technical and non-technical skills will be evaluated.

1. **Invitation to start flight training**

Pending on a positive result from the assessment centre, you will be put on either the short-list or the waiting-list for a training slot at the Training Centre. This will allow you and MAF to plan when and how you can start your flight training.

**PRIVATE & CONFIDENTIAL**

**The following Application has 3 Sections**

1. **Section 1 - Personal Record & General Information**
2. **Section 2 - References**
3. **Section 3 - Aviation information**

Section 1 - Personal Record & General Information

### Personal Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title (Mr, Mrs, Miss, etc)** |  | **M**  **F** | **First Name(s)** |  |
| **Surname/Family Name** |  | | **Preferred Name** |  |
| **Home Address** *(including Country)* |  | | | |
|  |  | | **Post code** |  |
| **Contact Address** *(if different from above)* |  | | | |
|  |  | | **Post code** |  |
| **Daytime telephone** |  | | **Evening telephone** |  |
| **Mobile telephone** |  | | **E-mail address** |  |
| **Nationality** |  | | **City & Country of Birth** Click here to enter text. | |
| **Date of Birth** *(Required for pilot enquirers due to age regulations in countries of operation)* | | | | Click here to enter a date. |
| **Do you hold a current passport?** | | | Click here to enter text. | |
| **Are there any factors that would prevent you from training in Australia for up to 6 months at a time? Please give details:** | | | Click here to enter text. | |
| **Do you hold a current Driving Licence?** | | |  | |
| **Date of Issue** | | |  | |

### Education & Skills Record

Please complete the following section; you should attach certificates and details.

##### Secondary

| **School or College** | **Dates** | **Subject(s) and grade(s)** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

##### Higher education details

| **College or University etc.** | **Dates** | **Subject(s) and Qualification(s)** |
| --- | --- | --- |
|  |  |  |
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### Other skills (e.g. First Aid, IT, driving, vehicle maintenance, playing a musical instrument).

|  |  |
| --- | --- |
| **Skills** |  |
|  |
|  |

### Overseas experience

Please state the countries you have visited and the purpose of visit e.g. holiday, work, mission trip.

|  |  |
| --- | --- |
| **Country & visit purpose** |  |
|  |
|  |

### Languages

Please list any languages spoken and level of proficiency.

| **Language (please specify)** | **Fluency** |
| --- | --- |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |

### *\*English proficiency will be crucial to Flight Training. The Assessment Centre will test for the required level of English competency.*

### Financial Resources

Please give details how you expect to cover your financial responsibilities during your time of training:

|  |  |  |
| --- | --- | --- |
| Duration of course: | \_\_     \_\_\_\_years \_\_     \_\_\_\_months | |
|  | | |
|  | Cost Estimate ($) | How will you expect to cover |
| **Assessment Centre at Mareeba**  Travel, Accommodation and living costs  *(note: usually only required for CPL courses)* |  | Click here to enter text. |
| **Course fees**  Refer to Course Information Booklet page 11 Tuition Fees |  | Click here to enter text. |
| **Accommodation and living expenses**  Refer to Course Information Booklet page 13 Expenses for Students |  | Click here to enter text. |

|  |
| --- |
| Please give any additional details: Click here to enter text. |

|  |
| --- |
| **Please note:**  **Course cost does not include transport, accommodation and living costs. See Course Information Booklet for details.** |

### Employment Record - Please complete the following section; you should include a CV in addition.

##### Present (or last) employer

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of employer** |  | | |
| **Position held** |  | | |
| **Responsibilities held** |  | | |
| **Employed from** |  | **Employed until** | Click here to enter a date. |
| **Reason for leaving** |  | | |
| **Does MAF have permission to contact this employer?** | Y or N ? | | |

##### Previous employer(s)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of employer** |  | | |
| **Position held** |  | | |
| **Responsibilities held** |  | | |
| **Employed from** |  | **Employed until** | Click here to enter a date. |
| **Reason for leaving** |  | | |
| **Does MAF have permission to contact this employer?** | Y or N ? | | |

Section 2 - References

### Present (last) employer / school

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Relationship to applicant** |  |
| **Address** |  | | |
|  | **Post code** |  |
| **Telephone** |  | **E-mail address** |  |
| **Does MAF have permission to contact this employer?** | | Y or N ? | |

### Previous employer / school

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Relationship to applicant** |  |
| **Address** |  | | |
|  | **Post code** |  |
| **Telephone** |  | **E-mail address** |  |
| **Does MAF have permission to contact this employer?** | | Y or N ? | |

### Personal referee who has known you for at least three years (not a relative)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Relationship to applicant** |  |
| **Address** |  | | |
|  | **Post code** |  |
| **Telephone** |  | **E-mail address** |  |
| **Date referee can be contacted** | |  | |

### Personal referee who has known you for at least three years (not a relative)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Relationship to applicant** |  | | |
| **Address** |  | | |
|  | **Post code** |  |
| **Telephone** |  | **E-mail address** |  |
| **Date referee can be contacted** | |  | |

## Section 3 - Aviation Experience

### Pilot Qualifications / Experience

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Flight Training Completed:** | Nil  Solo  Area Solo  RP  PPL  CPL | | | | | | |
| **Current Licences Held:**  **From what country:** |  | | **Licence Number** | | |  | |
| **What level of ICAO English Language Proficiency have you been tested to:** |  | | | | | | |
| **Are there any restrictions on your licence?** | Choose an item. | | | | | | |
| **If Yes, please give details:** |  | | | | | | |
| **Total Hours Flown:** |  | **Dual Hours:** | |  | **PIC Hours:** | |  |
|  | | **IFR Hours:** | |  | **PIC Cross Country:** | |  |

### Current Ratings

|  |  |
| --- | --- |
| **NIGHT VFR?** | Yes  No |
| **Command Instrument Rating:** | Yes  No  M/E  S/E |
| **List aids for which endorsed:** |  |
| **Endorsed on Aircraft Types:** |  |

**CPL Theory**

|  |  |
| --- | --- |
| Have you successfully completed any CPL/IFR Theory Exams already? (Australian or other) Yes  No | |
| Meteorology CMET **Date Passed**: Click here to enter a date. | Navigation CNAV **Date Passed**: Click here to enter a date. |
| Air Law CLWA **Date Passed**: Click here to enter a date. | Performance CFPA **Date Passed**: Click here to enter a date. |
| Human Factors CHUF **Date Passed**: Click here to enter a date. | General Knowledge CSYA **Date Passed**: Click here to enter a date. |
| Aerodynamics CADA **Date Passed**: Click here to enter a date. | Instrument Rating Theory **Date Passed**: Click here to enter a date. |

**Aviation Medical**

|  |  |
| --- | --- |
| Current class of Medical: Class 1  Expiry Date: Click here to enter a date. Class 2  Expiry Date: Click here to enter a date. | |
| Are there any restrictions on your Medical? | NO  YES  If Yes, please detail; |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Declaration*** | | | |
| I declare to the best of my knowledge and beliefs, all particulars I have given are complete and true. I understand that any false declaration or misleading statement or a significant omission may disqualify me from the selection process or later from continuing the course. I agree to Mission Aviation Fellowship processing this information under the terms of current data protection legislation. | | | |
| **Signed** |  | **Date** |  |