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| **HELICOPTER PILOT TRAINING CENTRE ENROLMENT FORM** | | |
| **APPLICANT INFORMATION** | | |
| Name: | | |
| Date of birth: | Nationality: | Phone: |
| I.D/Passport Number: | | |
| Current address: | | |
| **TRAINING INFORMATION** | | |
| I am applying for: (*TICK APPLICABLE)*   1.  PPL (H) 2.  Night rating (Only after completing your PPL) 3.  CPL (H)   4)  Instructors rating  ***Note****:* | | |
| **WHEN WOULD YOU LIKE TO COMMENCE TRAINING?** | | |
| **WOULD YOU NEED A STUDENT VISA?** | | |
| **NEXT OF KIN** | | |
| Name : | | |
| Address: | | Phone: |
| City: | Email: | |
| Relationship: | | |
| P r e v i o u s F l y i n g E x p e r i e n c e | | |
| Licence Held | | |
| Country of Issue : | | |
| Hours: | | |
| **HOW DID YOU HEAR ABOUT US?** | | |
|  | | |
| **Student signature Sponsor signature or Parent / guardian if under 18**  **Print Name: Print Name:**  **Date: Date:** | | |