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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:**  |