

PLEASE SELECT THE COURSE YOU WISH TO ENROL IN

AVI50215 Diploma of Aviation (Commercial Pilot Licence - Aeroplane) Full-time (Integrated 160hr CPL)
 Part-time (Non-integrated 200hr CPL)

Select Full-time Course Start Date: 14 January 2020 14 April 2020 14 July 2020 13 October 2020

AVI50415 Diploma of Aviation (Instrument Rating) Full-time Part-time

Select Full-time Course Start Date: 6 January 2020 17 February 2020 23 March 2020 27 April 2020
 1 June 2020 6 July 2020 17 August 2020 28 September 2020 2 November 2020 7 December 2020

Require IREX Theory Course Yes No

AVI50516 Diploma of Aviation (Flight Instructor) – Full-time only

Select Full-time Course Start Date: 18 February 2020 18 August 2020

PERSONAL INFORMATION (please to complete in BLOCK CAPITALS)

| | | | |
|---|-------------|----------------------------|---|
| TITLE | GIVEN NAMES | FAMILY NAME | |
| RESIDENTIAL ADDRESS | | TOWN/SUBURB | |
| STATE | POSTCODE | COUNTRY | |
| HOME PHONE | | MOBILE PHONE | |
| DATE OF BIRTH | / / | GENDER (Tick ONE box only) | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| EMAIL ADDRESS | | | |
| POSTAL ADDRESS, if different from residential | | | |

EMERGENCY CONTACT DETAILS

| | | |
|---------------------|---------------|--|
| NAME | | |
| RELATIONSHIP TO YOU | CONTACT PHONE | |

DEMOGRAPHIC and EDUCATIONAL INFORMATION

| | | |
|--------------------|---|--|
| Citizenship | Are you an Australian Citizen? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Please provide evidence of citizenship with enrolment e.g. Passport, Certificate | |
| | Country of Birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): | |
| Language | Do you speak a language other than English at home? | <input type="checkbox"/> No, English only <input type="checkbox"/> Yes other - Please specify: |
| Culture | Are you of Aboriginal or Torres Strait Islander origin? | <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander |
| Disability | Do you consider yourself to have a disability, impairment or long term condition? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Acquired Brain Injury |
| | <input type="checkbox"/> Physical | <input type="checkbox"/> Vision |
| | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Medical Condition |
| | <input type="checkbox"/> Learning | <input type="checkbox"/> Other |

EDUCATION

| | | | | | | |
|---|---|--|--|---|--|--|
| What is your highest completed school level? | <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 10 or equivalent | <input type="checkbox"/> Year 9 or equivalent | <input type="checkbox"/> Year 8 or below | <input type="checkbox"/> never attended school |
| In what year did you complete that school level? (E.g. 2008) _____ | Are you still enrolled in secondary education? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Have you successfully completed any of these qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Bachelor Degree or Higher | | <input type="checkbox"/> Certificate III | | | |
| | <input type="checkbox"/> Adv Diploma or Associate Degree | | <input type="checkbox"/> Certificate II | | | |
| | <input type="checkbox"/> Diploma (or associate Diploma) | | <input type="checkbox"/> Certificate I | | | |
| | <input type="checkbox"/> Certificate IV or Advanced Certificate/Technician | | <input type="checkbox"/> Other | | | |
| | | | | | | |

| Prior Education/Training | |
|--|--------------|
| Have you done any flying training before? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no please go to next section) | |
| If Yes please list prior training provider and contact details to obtain training records: | |
| ARN: | ASIC EXP: |
| Medical (please circle): Class 1 Class 2 Expiry: | |
| Medical Date: | Doctor Name: |

| EMPLOYMENT | | |
|---|--|--|
| Of the following categories, which BEST describes your current employment status. Tick ONE box only | | |
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Employed – unpaid worker in a family business | |
| <input type="checkbox"/> Part-time or casual employee | <input type="checkbox"/> Unemployed – seeking full-time work | |
| <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Unemployed – seeking part-time work | |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not employed – not seeking employment | |
| REASON FOR STUDY | | |
| Of the following categories, which BEST describes your main reason for undertaking this course? | | |
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To try for a different career | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> It was a requirement of my job | <input type="checkbox"/> For personal interest or self development |
| Other reasons: | | |

| Unique Student Identifier (USI) | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| Your USI (in CAPS): | | | | | | | | | |
| If you do not have a USI please go to www.usi.gov.au for more information and to register | | | | | | | | | |

| VET STUDENT LOANS (not available for part-time training) | |
|--|--|
| I would like to enrol using VET Student Loans if eligible YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| <input type="checkbox"/> I have read and understood the Air Gold Coast Student Handbook for VET Student Loans courses and conditions outlined <input type="checkbox"/> I have read and understood the VET Student Loans terms and conditions outlined on www.studyassist.gov.au and https://docs.education.gov.au/system/files/doc/other/vet_student_loan_student_information_booklet_2017.pdf <input type="checkbox"/> I meet the VET Student Loans entry requirements | |
| <ul style="list-style-type: none"> Please attach proof of citizenship (passport, birth certificate) and High School completion certificate showing grades with this enrolment form. Once all documents are received and reviewed, applicants will be contacted by Air Gold Coast to arrange an appointment for an entrance interview and to discuss their pilot career goals. Successful applicants will then be issued a VET Student Loan Letter of Offer. | |

| AUTHORISATION | |
|---|--|
| CONTACT and INFORMATION SHARING - I give permission for Air Gold Coast to: | |
| a) make contact with me via electronic mail and SMS messages | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) obtain additional education records (enrolment, assessment, certification) from third parties, if required | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) use photographs and information about me in print, broadcast & electronic media including the Internet | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| STUDENT DECLARATION (please read and tick) | |
|--|-------|
| <input type="checkbox"/> I have read and understood the Student Handbook and accept my obligations as a student: <input type="checkbox"/> I agree to abide by Air Gold Coast rules, regulations and policies and acknowledge that facilities made available for my use will be used only in accordance with proper use and relevant rules. <input type="checkbox"/> I confirm the accuracy of the information contained within this form and where necessary identification documents provided | |
| STUDENT SIGNATURE: | DATE: |
| PARENT/GUARDIAN SIGNATURE (If student is Under 18 years of age): | |