

DOMESTIC STUDENT ENROLMENT FORM

PLEASE SELECT THE TRAINING FOR WHICH YOU WISH TO ENROL						
RPC					<input type="checkbox"/> Full time	
RPL					<input type="checkbox"/> Full time	
PPL					<input type="checkbox"/> Full time	
CPL (200hr)					<input type="checkbox"/> Full time	
Instrument Rating MEA (PA30)					<input type="checkbox"/> Full time	
Instructor Rating					<input type="checkbox"/> Full time	
LOCATION:						
Armidale, NSW <input type="checkbox"/>			Ballina, NSW <input type="checkbox"/>			
PERSONAL INFORMATION (please to complete in BLOCK CAPITALS)						
TITLE	GIVEN NAMES		FAMILY NAME			
RESIDENTIAL STREET ADDRESS			TOWN/SUBURB			
STATE	POSTCODE		COUNTRY			
HOME PHONE			MOBILE PHONE			
DATE OF BIRTH			GENDER		<input type="checkbox"/> Male <input type="checkbox"/> Female	
EMAIL						
POSTAL ADDRESS, if different from residential						
NEXT OF KIN						
NAME						
RELATIONSHIP TO YOU						
HOME PHONE			MOBILE PHONE			
DEMOGRAPHIC and EDUCATIONAL INFORMATION						
Language	Do you speak a language other than English at home?		<input type="checkbox"/> No English only <input type="checkbox"/> Yes other			
	How well do you speak English?		Please specify.			
			<input type="checkbox"/> Very Well <input type="checkbox"/> Well			
			<input type="checkbox"/> Not well <input type="checkbox"/> Not at all			
Disability	Do you 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"/> Intellectual		<input type="checkbox"/> Medical Condition			
	<input type="checkbox"/> Learning		<input type="checkbox"/> Other			
	<input type="checkbox"/> Mental Illness					
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?			Are you still attending school? <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"/> Master Degree or Higher		<input type="checkbox"/> Certificate III		
		<input type="checkbox"/> Bachelor Degree		<input type="checkbox"/> Certificate II		
		<input type="checkbox"/> Advanced Diploma or Associate Degree		<input type="checkbox"/> Certificate I		
		<input type="checkbox"/> Certificate IV or Advanced Certificate/Technician		<input type="checkbox"/> Other		

REFUNDS

- Where a student decides to withdraw from training, any pre-paid fees will be refunded within one week of receipt of a written request from the student.

AUTHORISATION

CONTACT and INFORMATION SHARING - I give permission for White Star Aviation to:

- make contact with me via electronic mail and SMS messages
- obtain additional training records (enrolment, assessment, certification) from third parties, if required
- use photographs and information about me in print, broadcast and electronic media including the Internet

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDENT ACKNOWLEDGEMENT-

I have read and understand the Student Enrolment Information and accept my obligations as a student. I understand all forms of flight are potentially hazardous. The risks and hazards associated with flying are real and all pilots and potential pilots must be fully aware of the possible risks involved.

Any person flying, observing flying, learning to fly, training to fly, flying in any aircraft being used for or in connection with flight or participating in any activity carried out by White Star Aviation do so at own risk.

White Star Aviation, CASA nor Recreational Aviation Australia (including its Board and staff), is liable in negligence or otherwise for any loss or damage incurred by anyone because of, or arising out of, the design, construction, restoration, repair, maintenance or operation of CAO 95.10, 95.32 and 95.55 category aeroplanes, or any act or omission of RAAus done or made in good faith in relation to any of those things.

AIRCRAFT HIRE; *In the event of an accident or incident, when in command, which causes damage to the aircraft the Student, Hirer, or Renter, shall be liable to pay for the repairs or the Insurance claim excess cost of \$1000, should the damage be greater than the excess figure.*

STUDENT SIGNATURE

DATE

FINANCIAL COMMITMENT TO TRAINING

Prior to the commencement of training, it is required that you have *adequate funds in your credit account. This will require a deposit via direct debit/Osko transfer or eftpos transaction.

Student training invoices will be deducted from your credit account and emailed to the **responsible account holder as a 'receipt' of payment.

The responsible account holder must ensure the credit account always remains in positive credit. Training may be paused if the student credit account has negative funds.

**Adequate funds implies that you have upwards of \$500 in your credit account – which will facilitate 1 or more theoretical and practical lessons.*

***responsible account holder refers to the responsible guardian of children under 18 years and any students who are 18 years or older.*

By signing below, you understand the financial commitment required to undergo a self-funded training-

STUDENT/GAURDIAN SIGNATURE

DATE

ONLY TO BE COMPLETED IF STUDENT UNDER 18 YEARS OF AGE

I, the parent or legal guardian of the applicant named above, declare that I am aware of and understand the risks involved in recreational flying training. I give consent for the above applicant to undertake such training. White Star Aviation has a policy in place for working with children and vulnerable people. This policy is available on request.

PARENT/GUARDIAN SIGNATURE

DATE

