

# DIPLOMA STUDENT APPLICATION FORM

Delivered in Partnership with Aircrew Training and Support. CRICOS No. 03789M | RTO No. 45520



| PLEASE SELECT THE TRAINING FOR WHICH YOU WISH TO APPLY                                                                                |                                                                     |                                                                                                                                           |                                                               |                          |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------|------------------------------------|
| AVI50222 Diploma of Aviation (Commercial Pilot Licence - Aeroplane)                                                                   |                                                                     |                                                                                                                                           |                                                               |                          | <input type="checkbox"/> Full time |
| AVI50519 Diploma of Aviation (Instrument Rating)                                                                                      |                                                                     |                                                                                                                                           |                                                               |                          | <input type="checkbox"/> Full time |
| If you wish to apply for the Dual Diploma of Aviation, please tick both AVI50222 and AVI50519                                         |                                                                     |                                                                                                                                           |                                                               |                          |                                    |
| <b>LOCATION:</b> *location selection is a preference and may be determined by White Star Aviation upon formal enrolment               |                                                                     |                                                                                                                                           |                                                               |                          |                                    |
| Armidale, NSW <input type="checkbox"/>                                                                                                |                                                                     | Ballina, NSW <input type="checkbox"/>                                                                                                     |                                                               | Intended intake: MM/YYYY |                                    |
| <b>ACCOMMODATION REQUIRED:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>*Only available to Armidale applicants</i> |                                                                     |                                                                                                                                           |                                                               |                          |                                    |
| 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<br>Please specify.                                            |                                                               |                          |                                    |
|                                                                                                                                       | How well do you speak English?                                      | <input type="checkbox"/> Very Well <input type="checkbox"/> Well<br><input type="checkbox"/> Not well <input type="checkbox"/> Not at all |                                                               |                          |                                    |
| Disability                                                                                                                            | <b>Do you have a disability, impairment or long term condition?</b> | <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                             |                                                                                                                                           |                                                               |                          |                                    |
| Rights to work/live in Australia                                                                                                      | <input type="checkbox"/> Australian Citizen                         | <input type="checkbox"/> Temporary Visa Holder                                                                                            |                                                               |                          |                                    |
|                                                                                                                                       | <input type="checkbox"/> Permanent Resident (PR)                    | <input type="checkbox"/> Working Holiday Visa / Other Visa                                                                                |                                                               |                          |                                    |

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| 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 <b>successfully</b> 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                                                                          |                                          |                                                |
| Unique Student Identifier (USI):                                    |                                                          |                                                                            |                                                | If you do not have a USI please apply via <a href="https://www.usi.gov.au/">https://www.usi.gov.au/</a> |                                          |                                                |

| REFUNDS                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. 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                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CONTACT and INFORMATION SHARING</b> - I give permission for White Star Aviation to:                                                                                |
| a) make contact with me via electronic mail and SMS messages <input type="checkbox"/> Yes <input type="checkbox"/> No                                                 |
| b) obtain additional training 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 and electronic media including the Internet <input type="checkbox"/> Yes <input type="checkbox"/> No  |

| STUDENT ACKNOWLEDGEMENT–                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <p>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.</p> <p><i>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.</i></p> <p>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.</p> <p><b>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.</b></p> |      |
| STUDENT 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 |