



# Queensland Aerospace College

Brisbane Queensland Australia

(A division of Queensland Aerospace Pty. Ltd.) ABN 79 010 526 842

Site Address: 36 Rose Street Wooloowin Q 4030

Postal Address: PO Box 1377 Eagle Farm Q 4009 Australia

Phone (07) 3357 7033 Fax (07) 3357 7044

## APPLICATION FOR ENROLMENT

### PERSONAL DETAILS

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

P/Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ ARN: \_\_\_\_\_

Course/Modules applying for: \_\_\_\_\_ Course/Module Starting Date: \_\_\_\_\_

### PAYMENT DETAILS

1. Course/Module Fee: \_\_\_\_\_

TOTAL AU\$ \_\_\_\_\_

2. Deposit (\$100) \_\_\_\_\_

3. Method of Payment:  Cash  Cheque  Money Order  Credit Card

If Credit Card, tick type:  Visa  Master  Bankcard

Credit Card Number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Signature: \_\_\_\_\_

### CONDITIONS OF ENROLMENT (INCLUDING REFUND POLICY) FOR AUSTRALIAN STUDENTS

1. Enrolments for each course/module will close one (1) week before the course/module commences.
2. Notification of enrolment cancellation must be writing directly to the College and \$100.00 Deposit is payable on enrolment and is not refundable if you cancel your enrolment.
3. Course/Module Fee less the \$100.00 Deposit already paid, is payable on course/module commencement.
4. A student who cancels their enrolment after commencement of their course/module will be refunded only the unused portion of their fees. There will be no refund for the current module the student is undertaking.
5. The attached CASA EXAMINATION Application Form including the \$100.00 CASA Examination Fee, must be completed for each course/module and returned with your enrolment form.
6. The CASA Examination Course Code that you are applying for, for example "AA" should be noted in the Exam Code / 1<sup>st</sup> Day PM Sitting Box.
7. Please Note: The \$15.00 Supervisor Fee is paid directly to the Supervisor when you sit the CASA Examination.

### DECLARATION

I have read and accept the Conditions of Enrolment and wish to apply under these terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rev 2 / 07 October 2009



**Note:** If you do NOT have an ARN, you MUST submit **Form 1162** (Aviation Reference Number (ARN) Application) with the appropriate identification.

**Note:** If your details are incorrect, or if your payment declines, your application will be rejected. This may result in failure to be included in your requested Examination Sitting.

**1. Personal and Contact Details**

Title	Surname	Given names	
ARN	Date of Birth ____ / ____ / ____	Nationality	
Current Residential Address		Current Postal Address (if different to Residential Address)	
	Postcode:		Postcode:
Work Phone Number	Home Phone Number	Mobile Phone Number	
Fax number	Email Address		
What form of study have you undertaken? <input type="checkbox"/> Self <input type="checkbox"/> Formal Training		If Formal Training, what type was it? <input type="checkbox"/> Military (ADF) <input type="checkbox"/> Civil	
If Civil, what was/is the name of the training organisation? (eg. Kangan Batman TAFE, Qantas Training School etc)			

**2. Examination Details**

**Basic**       **CTC**

Examination Sitting Number (see page 2 of AAC 9-1 for Basic Sittings or page 15 for CTC)	Examination Centre (See Appendix 2 of AAC 9-1)	Examination Centre Code (See Appendix 2 of AAC 9-1)

Insert Codes for Exam Subject/s you wish to sit. **Note:** You can only sit **one** subject per sitting.

Exam Code/s 1 <sup>st</sup> Day	0900 Sitting:	1330 Sitting:
Exam Code/s 2 <sup>nd</sup> Day	0900 Sitting:	1330 Sitting:
Exam Code/s 3 <sup>rd</sup> Day	0900 Sitting:	1330 Sitting:

**3. Declaration by Applicant**

I hereby certify that all statements in this application are true and correct in every particular and that I have read and understood all Civil Aviation Regulation requirements relevant to this application (AAC 9-1). I acknowledge that to knowingly make a false statement is an offence against the *Criminal code Act 1995*.

I have attached the relevant fees

Signature:	Date: ____ / ____ / ____
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**Additional Comments**




**Payment Authorisation**

**Applicant Details**

Name:		ARN:	
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**Exam Fees**

Total cost **per Examination** is \$100.00.

Fee Code	Description	Total
<input type="checkbox"/> 2.2	Processing of an application for examination in a core or specific group subject to qualify for an aircraft maintenance engineer licence. Number of Examinations applied for _____ x (\$50 per Examination per fee code)	\$
<input type="checkbox"/> 2.2a	Examination in a core or specific group subject to qualify for an aircraft maintenance engineer licence. Number of Examinations applied for _____ x (\$50 per Examination per fee code)	\$
<b>Total Cost:</b>		\$ _____

**Details of Person Making Payment (if not the Applicant)**

The receipt will be sent to the applicant's current postal address unless CASA is advised otherwise.

Name:		Contact Phone:	
Company Name:		ARN:	
Current Postal Address		State:	Postcode:

**Payment Options**

- I have enclosed a Cheque or Australian Money Order (**please make cheques payable to CASA**)
- I am paying by credit card

I hereby authorise the Civil Aviation Safety Authority to debit the following amount from my:		<b>Mastercard</b> <input type="checkbox"/>	<b>Visa</b> <input type="checkbox"/>
Card Number:		Expiry Date:	____/____
Card Holder Name (please print):	.....	Total:	\$ _____
Signature:	.....	Date:	____/____/____



Attach this Payment Authorisation Form (and Cheque / Money Order) to the Application Form.

- **Mail to:** AME Examinations  
CASA  
GPO Box 2005  
CANBERRA ACT 2601

- **Fax to:** 02 6217 1401

**Note:** In accordance with AAC 9-01, applicants who fax their applications to the Canberra office must phone by COB on the closing date to confirm that their applications have been received. If a faxed application form is not received and confirmed by COB on the closing date, it cannot be processed for the nominated sitting.

**CASA Use Only**

<b>Receipt Details:</b>	Date Payment Received: ____ / ____ / 20____	Receipt Number:	Initials:
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**Paid Stamp**