

# APPLICATION FOR ENROLMENT TYPE COURSE (EASA)

COURSE NAME: \_\_\_\_\_

## PERSONAL DETAILS

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

Place of Birth: City: \_\_\_\_\_ Country: \_\_\_\_\_

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

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

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

ARN/Licence No: \_\_\_\_\_ Course Starting Date: \_\_\_\_\_

## PAYMENT DETAILS

1. Course Fee: (Refer to Type Course Schedule) \$

2. Deposit (Refer to Conditions of Enrolment) \$

3. Balance Payable (Refer to Conditions of Enrolment) \$

4. 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)

1. If you wish to cancel your enrolment you must notify us directly in writing.
2. \$500 Deposit is payable on enrolment. The deposit, less an administrative fee of \$100 is refundable if you cancel your enrolment, however none is refundable if you cancel your enrolment within 14 days of course commencement.
3. The Course Fee less the \$500 Deposit already paid is payable on the first day of course commencement.
4. If you cancel your enrolment after you have commenced the course you will be refunded only the unused portion of the Balance Payable. The Deposit paid in this instance is not refundable.
5. If you cannot attend the course you have enrolled on, you have the option of transferring any payments made for the course to another course offered by Queensland Aerospace Pty Ltd.

## DECLARATION

I have read and accept the Conditions of Enrolment.

I am not currently disqualified from this course as a result of cheating or failed examinations.

I have read the appropriate Course Outline and meet the following prerequisites, and wish to apply under these terms:

Completion of the Part-66 Cat B1.1 or B2 basic training or equivalent (as appropriate).

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

## OFFICE USE

Application Accepted: Yes  No  (Ref MTOE 2.1.1) Training Manager's Signature: \_\_\_\_\_