

APPLICATION FOR ADMISSION

INSTRUCTIONS:

1. This application form is to be completed in applicant's own handwriting.
2. Please attach photocopies of your identification card, certificates and testimonials.
3. The originals should be produced when you are called for an interview.
4. Your application will be processed after the receipt of a non-refundable S\$214 (inclusive of GST) application fee. Payment is to be made via cheque (made payable to "ST Aerospace Training Academy Pte Ltd") or cash (in person only).

PHOTOGRAPH

Please affix a recent passport sized photograph which provides a good likeness of yourself

*** Target Enrollment Intake _____ (MM/YYYY)

(A) NAME & ADDRESS

Name (As per Identification Card) (In BLOCK LETTERS, Underline surname):		Chinese Characters, if any:	
Address:		Home Telephone No.:	
Email Address:		Mobile No.:	

(B) PERSONAL DETAILS

Date of Birth & Age:	Place of Birth:	Nationality:	Gender: Male / Female
Identity Card No.:	Passport No.:	Occupation & Employer Name:	Race:
Religion:	Spectacles / contact Lenses: *YES/NO	Colour Blindness: *YES/NO	Height: Weight:
English Language Proficiency:			
Written Only <input type="checkbox"/>	Spoken Only <input type="checkbox"/>	Written & Spoken <input type="checkbox"/>	IELTS/TOFEL/OETS or equivalent <input type="checkbox"/>
Other <input type="checkbox"/> Please specify _____			

(C) FAMILY DETAILS

Marital Status: Married / Single / Divorced / Widowed	Next of Kin Relationship (if single):
Spouse's Name:	Next of Kin's Name:
Spouse's Occupation:	Next of Kin's Address:
No. of Children:	Next of Kin's Tel/Mobile No.:

(D) EDUCATIONAL DETAILS

Name of school attended, in chronological order, from the age of 12				
School/Institution	Country	Year		Highest Standard Attained (Year)
		Joined	Left	

(E) FLIGHT EXPERIENCE

Do you have any previous flight experience: YES (specify below) _____ NO _____
Pilot License Held: _____ Civilian / Military _____

Pilot License Held:	Solo	Dual	Night	Cross Country	Multi – Engine	Instrument

(F) AVIATION MEDICAL EXAMINATION (IF APPLICABLE)

Name and address of Medical Examiner:	
Category of Medical Certificate: Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/>	Other Medical Examinations: E.C.G: <input type="checkbox"/> Audiogram : <input type="checkbox"/>

(G) MISCELLANEOUS

Do you have any existing / past illness(es) or medical problem(s)? If yes, please give details			Yes / No
Have you ever been convicted of a criminal offence in court? If yes, please give details			Yes / No
Have you served your National Service? If yes, please give details			Yes / No
Appointment/ Vocation	Rank	Unit	Period of Service From: To:
Any other information (e.g. awards, CCAs, hobbies etc) which you think will aid in your application, please provide below:			

In case of emergencies, please contact:

Name: _____ Mobile No.: _____

The information that I have provided in this application is true and accurate to the best of my knowledge. I understand the application process and accept that the ST Aerospace Training Academy Pte Ltd (STATA) reserves the right of selection based on the information supplied with this application.

Applicant's Signature

Date