



TRAINING REGISTRATION APPLICATION FORM

Nausori International Airport,
Hanger Road.
P O Box 1749, Nausori
FIJI
P: (+679) 8938162
E: admin@flyspati.com
W: www.southpacificaviation.com

APPLY ONLINE, POST, EMAIL or FAX back to us to ensure your timely processing for registration

The information in this registration form will be used as part of the initial application process. This is not a guarantee of enrolment on a training course

PERSONAL DETAILS

Attach Passport Photo here	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss			
	Family Name				
	Given Name(s)				
	Gender				
	Nationality				
	Marital Status:				

Date of Birth:	Height:	Weight:	
Postal Address			
Contact Details	Home:	Business:	Mobile:
	Fax:	Email:	

NATIONALITY

IT IS A REQUIREMENT THAT YOU **MUST** PROVIDE A COPY OF YOUR PASSPORT TO VERIFY YOUR STATUS AS AN INTERNATIONAL STUDENT

Passport No:	Issuing Country:	Expiry:
*Attach Copy of Passport *		

EMERGENCY CONTACT DETAILS

Please identify the person you would like us to contact in an Emergency

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss			
Family Name				
Given Name(s)				
Relationship to you				
Address				
Contact Details	Ph (Hme):	Ph (Wrk):	Mobile:	
	Fax:	Email:		

ACADEMIC QUALIFICATIONS

Fiji School Leaving Certificate / Year 12 Equivalent	*Select the relevant qualifications held and Attach results transcript as required*
Fiji Seventh Form Examination / Year 13 Equivalent	
Foundation	
Tertiary	
Other (Specify)	

TRAINING PROGRAM(S) APPLYING FOR

Fixed-Wing Aircraft

Please Select the required Training Course(s)	Private Pilot License	Theory
		Flight Training
	Commercial Pilot License	Theory
		Flight Training
	Instrument Rating	Theory
		Flight Training
	Flight Instructor Rating	Theory- Instructional Techniques
		Flight Training
BGT	Theory	
ATPL Theory	Theory	
Type Rating (Circle Aircraft Type)	Cessna 172 / BN2 Islander/ EMB110 Bandeirante	
Other (Specify)		

The preferred Start date of your chosen course(s) **Month:** **Year:**

PREVIOUS FLYING EXPERIENCE (IF APPLICABLE)

I hold a (PPL/ CPL/ ATPL) ISSUED IN (COUNTRY) with (AIRCRAFT TYPES) ratings

*Attach Copy of License *

Fill in the FIXED-WING FLYING Experience below if applicable

	Total Flight Time	Cross Country	Night	Instrument	Multi-Engine	Any other (Specify)
Dual						
Pilot in Command						

*Attach Copies Of Most Recent 2 Pages Of Your Log-Book *

INSURANCE

It is compulsory for all **International Students** to have current and appropriate medical and travel insurance while they are living in Fiji.

Please note that:

- The insurance company must provide 24-hour, 7-day-per-week emergency cover.
- SPATI reserves the right to require students to take out a default policy prior to the start of your course.

CONDITIONS OF ACCEPTANCE

Previous Flight Training Experience

If you have previous flying experience we may require you to make the relevant records available to us and we reserve the right to contact former training provider(s).

Enrolment and Acceptance

Once we receive your application you will be contacted by one of our staff members and you may be required to provide further information. An interview is required for all course enrolments. If you meet all the enrolment prerequisites you will be invited to attend our next scheduled course selection interview. Students will be notified of their acceptance within 14 days after the selection interview.

Payment of fees and refunds

In signing this registration form you undertake to pay all fees and charges as they become due. Payments shall be made in accordance with the "Course Payment Policy". South Pacific Aviation Training Institutes payment of fees, refunds and withdrawal policies are all outlined in **operations manual**.

Discontinuance of training

Important rights and obligations regarding withdrawal and discontinuance are laid out on the **SPATI Operations Manual**. If at any time a student's performance is considered to be unsatisfactory, the College reserves the right to discontinue their training.

Alcohol and Drug Use

No illegal drug use or alcohol consumption, which will have an adverse effect on flight safety, shall take place while you are a student at SPATI. In the event that SPATI reasonably believes that the student is under the influence of either drugs or alcohol, then by signing this declaration the student agrees to undergo testing for alcohol or controlled drugs as defined above, by a registered medical practitioner appointed by SPATI.

DECLARATION

I understand that withholding information requested in this registration or giving false information may make me ineligible for the admission or may disqualify me from completing my chosen course of training. I confirm that to the best of my knowledge all the information supplied on, and with this registration is true and correct.

I have read and understood the conditions of acceptance and I hereby agree to abide by the conditions described above.

Signature _____

Date: _____

REGISTRATION CHECKLIST

Please ensure that you have enclosed the following with your registration form. Tick (v)

	PASSPORT PHOTO
	BIRTH CERTIFICATE
	A CERTIFIED COPY OF YOUR PASSPORT
	CERTIFIED COPIES OF ACADEMIC QUALIFICATIONS AND RESULTS
	A CERTIFIED COPY OF AN IELTS OR TOEFL RESULT (<i>PROOF OF ENGLISH PROFICIENCY</i>)
	A COPY OF YOUR FLYING LICENSE (IF APPLICABLE)
	A COPY OF THE MOST RECENT PAGE OF YOUR PILOT LOGBOOK (IF APPLICABLE)

WHERE DID YOU FIND OUT ABOUT S.P.A.T.I?

	South Pacific Aviation Website
	Magazine
	Educational Exhibition
	Social Media (Please Specify)
	Family/ Friends
	Careers Expo
	Other (Please Specify)