

NO.



STUDENT ENROLLMENT AND REGISTRATION FORM

HANGAR 6A
KENNETH KAUNDA INTERNATIONAL AIRPORT
LUSAKA, ZAMBIA
training@aeroacademy.co



+260 967 976 997 PERSONAL

DETAILS

Name(as on the passport)

(Full Name(s))

Preferred First Name :

Address :

_____Cell Phone No: _____

Email: _____

Date of Birth: _____Age: _____

Passport Number: _____Valid until: _____

EMERGENCY CONTACT DETAILS

Name :

Home Phone No: _

ATTACH 4

PASSPORT SIZE
(Family Name)

PHOTOS



Relationship to you :

Phone

Number : _____

Email:

Address

EDUCATION

What is the highest qualification that you hold? (Please mention subjects taken)

Name of the Institute: _____ Last year of study: _____

Was the medium of instruction during your high school education English?

☐ Yes

☐ No




















Have you sat an International English language test?








☐ Yes

☐ No

If 'yes' what was the name of the test and what was your overall mark? Please provide a copy of the result when you send the application.

ENROLLMENT CHECKLIST

Requirements	Tick or Cross(x)
 4 passport size photo 20mm x 25mm	
 Copy of CV with traceable references	
 Proof of Payment	
 Certified copy of education certificates	
 Certified copy of NRC/Passport	
 A minimum of 17 years of age for Private Pilots licence	
 Class 2 medical Certificate	
 The prospective student should have attended formal education and proficient in English Language.	
STUDENT TRAINING KIT REQUIREMENT TO BE SUPPLIED BY THE SCHOOL	
 Current sectional or terminal chart	
 Head sets and Knee Board	
 ZCARS and Supplementary	
 Pilot's Handbook of Aeronautical knowledge	
 Plotter	
 Flight Computer	
 Pilot shirts x2	
 Fuel stick	
 Aircraft specific checklist	
 Epilettes	
 Study material	
STUDENT TRAINING REQUIREMENTS TO BE SUPPLIED BY THE STUDENT	

	Calculator	
	Pilot uniform (white shirt/blue trousers)	
	Pilot Bag	
	Sunglasses	
	Flashlight or headlamp with red lenses	
	Black shoes	
	Pilot's watch	

PERMISSION TO USE PHOTOGRAPHS

A suitable photograph(s) of you might be taken at some stage which Aero Academy can use for marketing purposes. With your permission, this photograph(s) will be used on various electronic and print media. These could include Aero Academy website, Newspaper advertisements, magazine advertisements, Flyers, Brochures, Posters, Bill Boards, Banners, Flippers and signage on building and vehicles. All marketing material portrays EXCELLENCE and photographs will be used in good taste.

I

Parent/Guardian / Responsible Person: Signature:.....

Name & Surname of Witness.....:SSignature:.....

..... ID Number, hereby
AGREE/ DO NOT AGREE for photographs to be used for marketing purposes.

Name & Surname of Student: Signature:
.....

INDEMNITY

I, the undersigned, (Full names and surname)
acknowledge and confirm that:



1. I am aware of the dangers and risks involved with flying in or of an aircraft and I am fully familiar with the risks and dangers involved with flying and hereby accept that the use of any aircraft and/or equipment while undergoing flight training to obtain my private pilot's license/ Commercial, pilot's license or any other form of flight training or hour building (hire and fly activities) or while flying for any reason whatsoever reason including but not limited to being a passenger.
2. I hereby irrevocably abandon any action and/or right to claim against the flying school in Aero Academy Ltd, its shareholders, directors, owners, students, partners, officers, managers, instructors and/or aircraft owners.
3. I hereby irrevocably indemnify the Aero Academy, its owners, directors, shareholders, students, partners, officers, managers, instructors and/or aircraft owners against any claim instituted resulting from any of the above mentioned incidents whether such claim be instituted by my family, dependants, excecutors, heirs, successors, students, associates or anybody whosoever.
4. I understand that my privileges are as regulated in the Zambia Civil Aviation Requirements (ZCARS).

Who by signing of this indemnity also abandons any actions and/or right to claim as set out in item 2 of this indemnity and also indemnifies Aero Academy as set out in Item 3 of this indemnity.

Signed at:on theday of
..... 20.....

Name & Surname of student:
Signature:.....

Parent/Guadian/
Responsible Person:
Signature:.....

(Parent or guardian also needs to sign if student is younger that the age of 18)



HOW DID YOU HEAR ABOUT US?

☐ Internet

☐ Publication/ Magazine

☐ Word of Mouth

☐ Agent
Seminar

☐ Printed Newspaper

Career ☐

- Atleast three (3) traceable references with full contact

You will receive notification of your application progress within 3 working days of it being received.
If you have any questions regarding your application please feel free to contact us.

Email: training@aeroacademy.com

*Aero Academy
Hangar 6A Kenneth Kaunda*

Please send the completed application form to AERO ACADEMY at the email mentioned below along with clear certified copies of all supporting documents.
(Please note - if you are sending via email, we require it be sent in **onePDF** with your name as the file name. All documents to be scanned clean using a scanning machine. Unclear documents will not be accepted)

- 4 Passport photos
- Class 2 Medical
- Copy of your school certificate
- Proof of Residential address
- US\$ 40 Administration fee
- Copy of Medical Aid

FUNDING

How will you be funding your course?

Ownfunding

Bank loan

Sponsored by parents without a loan
Sponsored by parents with a bank loan

Sponsored by Company

If sponsored by parents- Any one or both parent are required to sign the declaration

We/I hereby state that our/my son/daughter/dependant _____
aged years holding passport no. _____ issued

by _____ on date _____

wishes to study _____ course with

Aero Academy and we/I will be sponsoring his/her entire/part tuition fee

and hence would request for an update on his/her progress.

Father's Name:

Mother's Name:

Father's email:

Mother's email:

Father's signature:

Mother's signature:

STUDENT DECLARATION

I am fully aware that by signing this form I am giving Aero Academy permission to regularly update my sponsors/parents/agent of my progress on the course and to advise them of any pastoral care concerns that may impact on my study and affect my welfare.

I, (name of Student)

- Acknowledge that it is my responsibility to manage my flight training bookings.
 - Acknowledge that flight training at Aero Academy is a self-driven course and that Aero Academy will not be held liable or responsible for delays in flight training progress.
 - Acknowledge that weather conditions, aircraft maintenance requirements and air traffic control restrictions will influence my flight training schedule and that Aero Academy will not be held liable for the inconvenience caused by these factors.
- Acknowledge that it is my responsibility to familiarize myself with the local rules and standard operating procedures of Aero Academy.

TERMS AND CONDITIONS OF PAYMENT

1. Confirmation of enrolment is subject to a payment 10% of the course fee.
2. Quotations are subject to availability on the date of confirmation.
3. Fees are non-refundable in the event that the student terminate their training.

4. Before confirmation, rates are subject to change in the event of changes in the operating costs.

Student Name:

Signature: _____

Date: _____

ASSESSMENT

In your own words please answer the questions briefly. Note -there are no right or wrong answers.

Explain what past, or present, influences have led you to choose Aviation as a career option.

Are you aware of the licence conversion process in your home country? How will you convert the ZCAA licence to your home country pilot licence?

Have you completed any research about the employment / career options available to you in your home country after you complete training Aero Academy? If so, briefly state your research and findings

CRIMINAL RECORD HISTORY

Do you have a **Certificate of Criminal record / Police Clearance Certificate** from your country of residence? Yes ☐ No ☐

In the last 5 years have you lived for more than 6 consecutive months in any other country? Yes ☐ No ☐

If answering "yes", please give details below:



Note: Please arrange for a report of your criminal record history, including transport offence history from all countries in which you have resided in for more than 6 consecutive months within the last 5 years. These will be required when you join the course.

MEDICAL INFORMATION

Do you have any known medicals conditions Yes No

Please Explain if 'Yes'

Do you have a Class 2 Medical Certificate or better? ☐ Yes ☐ No*

Is it: ☐ From your country of Residence Number : _____

And/or ☐ ZCAA Client Number: _ _

A Zambia Civil Aviation Authority medical is required for completed acceptance onto all courses at AERO ACADEMY.

Height _____ Weight _____

Each aircraft has a weight maximum therefore we require this information to allocate you to an appropriate instructor and aircraft type.

COPY OF MEDICAL AID CARD REQUIRED

ALLERGIES:

FAMILY DOCTOR:

PRIOR LEARNING

Do you have any Prior Aviation Learning? Yes No

Licences held: PPL CPL Other _____

In which country was your licence issued: _____

Total Hours Flown: _____

_____ Dual: _____ hrs Solo: _____ hrs IR: _____ hrs

MARK OBTAINED %

FLYING EXERCISES	
COURSE (s)	MARK OBTAINED %