



ATS Types Course Application - EForm

Please print

Clarification of any matter should be sought before completing the application below.
Regulations regarding students and staff may be obtained from ATS office.

Office Use Only
Student ID:
Entry Date:
Re-enrollment: Y N

Course Name: _____ **Course Start Date:** _____

Student Details

Surname: _____ **First Name:** _____ **Date of Birth:** _____ **Gender:** M / F

Street Address: _____ **Postal Address:** _____

City: _____ **State:** _____ **Postcode:** _____ **Country:** _____

Phone (H): _____ **Phone (w):** _____ **Fax:** _____

Qualifications *: _____ **Email:** _____

Certificate Name: *(Note 2)* _____ **Company** *{Note 1}*: _____

LAME #: _____ **ARN#:** _____

Billing Details: I elect to pay the following deposit: \$100.00 or 10% of total cost **Deposit Paid:** cheque, Direct Deposit, Cash

Declaration:

I have read the details of the course named above and the billing requirements and agree to abide by all the course regulations. To the best of my knowledge I possess the required pre-requisites required by this course.

Signature: _____ Date: _____

Confidentiality:

I give my permission for my course results to be sent to my employer. Have you previously been a student of ATS?

YES NO YES NO

- See course pre-requisites on the reverse of this application form.

Note 1: Please enter PRIVATE if you are responsible for the course costs; Enter CONTRACTOR and the name of the company if the course costs are being covered by another company/organization.

Note 2: Please enter the name, in the exact order, that you would like to appear on your certificate at the end of the course. Print AS ABOVE or leave blank to use the standard 'First name Surname' format.

COURSE PRE-REQUISITES

The following pre-requisites apply to ALL CASA approved types courses. This information is correct at date of printing however for full details please consult the Civil Aviation Safety Authority.

Types Courses

An applicant shall possess ONE of the following:

- A formal AME trade qualification from a recognised training institution and relating to the type course stream in which they have applied.
- A LAME license in the types course stream.
- A LAME license out of trade with current cross trade Maintenance Authority.
- An approval from CASA indicating that the holder has exemption, ie recognised overseas trade qualifications, to sit the course and be credited with the course code on successful course completion.
- CASA Basic credits applicable to the types course systems.

National Aerospace Curriculum

An applicant will hold a minimum year 10 school certificate (or equivalent) with 50% passes in Mathematics, Science and English and be physically capable of climbing an aircraft using specific access steps, ladders or hand holds; opening / closing spring-lock devices and using general hand and power tools safely.

BILLING POLICY

All ATS training courses require a deposit to be paid at the time of booking. Students will NOT be enrolled into a course unless a deposit has been paid prior to the commencement of the course. Client can elect to pay the deposit in one (1) of two (2) ways, either: one hundred dollars (\$100.00) per student or ten percent (10%) of the total course cost.

Please note course deposits are non-refundable; however deposits will be deducted from the final course cost if a student completes the training course.

If a client / student withdrawals from a course prior to the commencement of that course the client/student will incur the following penalties.

- Withdrawal more than one (1) week prior to commencement of course – forfeit of deposit.
- Withdrawal less than one (1) week prior to commencement of course – liable for half (½) of total course cost.
- Withdrawal after the commencement of the course, or failure to attend without written notice – liable for full course fees.

The balance of course costs are to be paid to ATS within fourteen (14) days of the commencement of the course.

Late payments shall incur the following penalties

- ▶ 0 – 28 days, No penalty
- ▶ 29 – 60 days , 2.5% of outstanding balance
- ▶ 61 – 90 days , 5% of outstanding balance

Direct Deposit Information:

BSB: 082 435

Account Number: 67115 3059