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## NZ TRAINING REGISTRATION FORM

### E-MAIL THIS FORM BACK TO US TO ENSURE YOUR REGISTRATION

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

PERSONAL DETAILS																	
Title:	Mr    Mrs    Miss    Ms    Other																
Family Name:																	
Given Name(s):																	
Gender:																	
Weight:	(For aircraft weight & balance purposes)																
Date of Birth	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td colspan="2">day</td> <td colspan="2">month</td> <td colspan="4">year</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	day		month		year			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
day		month		year													
NSN Number (National Student Number)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																
Postal Address																	
Contact Details	Home: _____ Mobile: _____ E-mail: _____																
Do you require on-campus accommodation to be arranged? (This is subject to availability)    Yes    No <i>NAC provides information regarding off-campus accommodation if requested</i>																	

DIPLOMA QUALIFICATIONS (Student Loan or Self-Funding)									
Please insert IRD number (Student Loan only):									
<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
(please tick only one module)	<table border="1"> <tr> <td>General Aviation Strand</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Flight Instructor Strand</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Airline Preparation Strand</td> <td><input type="checkbox"/></td> </tr> </table>	General Aviation Strand	<input type="checkbox"/>	Flight Instructor Strand	<input type="checkbox"/>	Airline Preparation Strand	<input type="checkbox"/>		
General Aviation Strand	<input type="checkbox"/>								
Flight Instructor Strand	<input type="checkbox"/>								
Airline Preparation Strand	<input type="checkbox"/>								

TRAINING COURSES (Self-Funding only)		
	Fixed Wing Aircraft	Helicopter
Training course required  (please tick each module)	Private Pilot Licence - Theory	Instrument Rating - Theory
	Private Pilot Licence - Flight Training	Instrument Rating - Flight Training
	Commercial Pilot Licence - Theory	Basic Gas Turbine (BGT) - Theory
	Commercial Pilot Licence - Flight Training	Flight Instructor Rating
	ATPL - Theory	Instructional Techniques

The start date for your chosen qualification or course(s)	day	month	year 20
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## PREVIOUS FLYING EXPERIENCE (IF APPLICABLE)

	Total Flight time		Cross country		Night		Instrument	
	Fixed wing	Rotary	Fixed wing	Rotary	Fixed wing	Rotary	Fixed wing	Rotary
Dual								
Pilot in Command								

I hold a PPL / CPL / ATPL ISSUED IN \_\_\_\_\_ with \_\_\_\_\_ ratings.

## CITIZENSHIP AND RESIDENCY

It is a requirement that you **MUST** provide a verified copy of your birth certificate or other evidence of permanent residency to verify your status as a domestic student.

NZ Citizen	<input type="checkbox"/>	NZ Permanent Resident	<input type="checkbox"/>	Australian Citizen	<input type="checkbox"/>	Other <input type="checkbox"/> Please specify: _____
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## ETHNICITY (you may select more than one)

NZ European	<input type="checkbox"/>	Fijian	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Other Southeast Asian	<input type="checkbox"/>	Middle Eastern	<input type="checkbox"/>
Māori	<input type="checkbox"/>	Other Pacific Peoples	<input type="checkbox"/>	German	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Latin American	<input type="checkbox"/>
Samoaan	<input type="checkbox"/>	British and Irish	<input type="checkbox"/>	Australian	<input type="checkbox"/>	Indian	<input type="checkbox"/>	African	<input type="checkbox"/>
Cook Island Māori	<input type="checkbox"/>	Dutch	<input type="checkbox"/>	Other European	<input type="checkbox"/>	Sri Lankan	<input type="checkbox"/>	Other Ethnicity	<input type="checkbox"/>
Tongan	<input type="checkbox"/>	Greek	<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Not Stated	<input type="checkbox"/>
Niuean	<input type="checkbox"/>	Polish	<input type="checkbox"/>	Cambodian	<input type="checkbox"/>	Korean	<input type="checkbox"/>		
Tokelauan	<input type="checkbox"/>	South Slav	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>		

If you have selected "Other Pacific Peoples", "Other European", "Other Southeast Asian", "Other Asian" or "Other Ethnicity", please specify the specific ethnicity \_\_\_\_\_

If you identified as "Māori" please specify the name of your iwi, if known \_\_\_\_\_

## STATISTICAL INFORMATION

What was your MAIN activity or occupation at 1 October last year?

Secondary School student	<input type="checkbox"/>	University student	<input type="checkbox"/>	Overseas <i>(irrespective of occupation)</i>	<input type="checkbox"/>
Not employed or Beneficiary	<input type="checkbox"/>	Polytechnic student	<input type="checkbox"/>	Private training establishment student	<input type="checkbox"/>
Wage or salaried worker	<input type="checkbox"/>	College of education student	<input type="checkbox"/>	Wananga student	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>	House-person or retired	<input type="checkbox"/>	Other: _____	

What was the last secondary school you attended? \_\_\_\_\_

What was your **last year** at secondary school:

What is the highest level of achievement you hold from secondary school?

NCEA Level 3 or Bursary or Scholarship	<input type="checkbox"/>	14 or more credits in any level	<input type="checkbox"/>
University Entrance	<input type="checkbox"/>	No formal secondary qualifications	<input type="checkbox"/>
NCEA Level 2 or Sixth Form certificate	<input type="checkbox"/>	Overseas qualification <small>(includes International Baccalaureate &amp; Cambridge Exams)</small>	<input type="checkbox"/>
NCEA Level 1 or School certificate	<input type="checkbox"/>	Other _____	

## STATISTICAL INFORMATION CONTINUED

Will this be the first time you have enrolled in a University, Subsidiaries of Te Pukenga (*Institutes of Technology or Polytechnic*), College of Education, Industry Training Organisation, Government Training Establishment, Private Training Establishment or Wananga either in New Zealand or overseas **since** leaving school? Do not include enrolments in community classes.

Yes  No  If you answered "No", please enter the name of the organisation you studied at and the year of your first enrolment:  
Organisation Name: \_\_\_\_\_ Year:

**Please complete the questionnaire below (as applicable), read the conditions, and sign the declaration before sending this document back to NAC along with the required documents (as outlined on the website).**

Have you passed any aviation theory subjects? **Please specify:**

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Have you applied to train with any other flight training provider(s)? **Please specify:**

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Have you commenced flight training with any other flight training providers(s)? **Please specify:**

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Have you been convicted on any criminal charge?

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Do you have any learning difficulties that we should be aware of to assist you with your learning?

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### **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 onsite interview is required for all diploma 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 fourteen days after the selection interview.

### **Discontinuance of training:**

Important rights and obligations regarding withdrawal and discontinuance are laid out on the website and in the Nelson Aviation College Student Handbook. If at anytime 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 (as defined by the Misuse of Drugs Act 1975) or alcohol consumption which will have an adverse effect on flight safety shall take place while you are a student at Nelson Aviation College (NAC). If NAC 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 NAC.

### **Fees:**

In signing this registration form you undertake to pay all fees and charges as they become due. Nelson Aviation College's policy on withdrawal and refund of fees is set out on the website & Student Handbook.

### **Applicant declaration:**

I understand that withholding information requested in this application or giving false information may make me ineligible for the admission or may disqualify me from completing my chosen course of training. I have read, understood, and accept the conditions stated in this form.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_