

# APPLICATION FORM



This form may take you approximately 15 minutes to complete. You will need your passport number and CEO/supervisor's details to fill in the form.

Course Title :

Course Date :

## (1) PERSONAL PARTICULARS

Name (as in passport) :																													
Title :	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Others (please specify):	<input type="text"/>	Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>																
Passport Number:	<input type="text"/>												Country of Citizenship :																
Date of Birth : (dd/mm/yyyy)	<input type="text"/>								Age :	<input type="text"/>		Race:																	
Job Title/Designation :																													
Division/Section :																													
Organisation :																													
Mailing Address :																													
Country :																													
Tel (Office): <i>(include country &amp; area code)</i>															(Mobile): <i>(include country &amp; area code)</i>														
Fax : <i>(include country &amp; area code)</i>															Email:														

## (2) EDUCATIONAL BACKGROUND (Please also include technical/specialised training.)

Institution/Country	Qualification Attained	Year	
		Year	Year

## (3) WORK EXPERIENCE (Indicate in reverse chronological order your employment history, starting with your present position.)

Name of Organisation	Job Title/Designation	From (Mth/Yr)		To (Mth/Yr)	
		Year	Year	Year	Year

## (4) JOB DESCRIPTION (Describe your present roles, duties and responsibilities.)


**(5) SOURCE OF FUNDING**

Government

Private

Self-financing

Others (please specify) \_\_\_\_\_

**(6) HOTEL ACCOMMODATION**

I would require assistance from SAA in arranging for hotel accommodation.

No

Yes

Please state any preference \_\_\_\_\_

**(7) MODE OF PAYMENT**

Payment should be made upon acceptance into the course to "Civil Aviation Authority of Singapore". Participants from Singapore are required to add GST to the payment. Payment by credit card can only be made in Singapore dollars.

Payment by telegraphic transfer to CitiBank, Main Office, Singapore. Account No. 0-702023-025

I enclose/am sending a Bankdraft/Money Order/Cheque No : \_\_\_\_\_ for S\$/US\$ \_\_\_\_\_

Please debit the sum of S\$ \_\_\_\_\_ from my Credit Card Visa/Mastercard/Amex Card No : \_\_\_\_\_  
Expiry Date : \_\_\_\_\_Please send an invoice addressed to: \_\_\_\_\_  
\_\_\_\_\_**(8) AUTHORISING OFFICER/SUPERVISOR**

Name :

Designation :

Division/Section :

Organisation :

Mailing Address (if different from above):  
\_\_\_\_\_  
\_\_\_\_\_

Country :

Tel (Office):  
(include country & area code)(Mobile):  
(include country & area code)Fax :  
(include country & area code)

Email:

Name of Director-General/CEO :

Designation :

Tel (Office) :  
(include country & area code)

Fax :

Email :

**(9) DECLARATION BY APPLICANT**

I declare that:

- The information given above is factually correct and authentic.
- My knowledge of spoken and written English is sufficient for me to fully understand the course proceedings.
- I meet all the admission requirements for this course.
- I am medically fit and free from infectious diseases and pre-existing illnesses, as well as fit to travel to/from Singapore and remain in Singapore for the duration of the course.
- I am physically fit to carry out practical training (applicable only for Airport Emergency Services Programmes).

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date**All sections of the form are to be completed. Please submit this form at least 4 weeks before the course commences to:**

Singapore Aviation Academy  
 1 Aviation Drive, Singapore 499867  
 Tel: (65) 6540 6210 / 6543 0433 Fax: (65) 6542 9890 / 6543 2778  
 Email: saa@caas.gov.sg Online application: www.saa.com.sg