

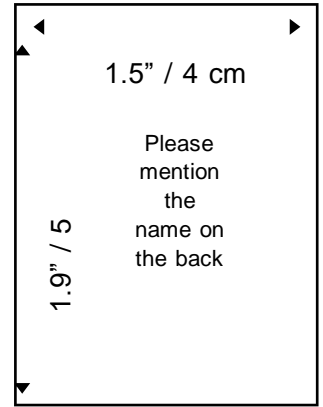


**VISION**

CONCEPT AVIATION TRAINING INSTITUTE

# Application Form

## Cabin Crew and Hospitality course



Student ID: \_\_\_\_\_

(Official use only)

Date: \_\_\_\_\_ *dd/mm/yy*

Referred by: \_\_\_\_\_

*Fields marked with (\*) are required. Application checklist attached on last page. Please fill out the information as per the official passport documents*

### Personal Details

\*Title \_\_\_\_\_

\*First Name \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Date Of Birth \_\_\_\_\_ *dd/mm/yy* \*Gender \_\_\_\_\_ \*Occupation \_\_\_\_\_

\*Nationality \_\_\_\_\_ \*Country Of Residence \_\_\_\_\_

\*Passport Number \_\_\_\_\_ \*Expiry date \_\_\_\_\_ *dd/mm/yy*

\*Visa Status In UAE \_\_\_\_\_

\*Height \_\_\_\_\_ *in meters* \*Weight \_\_\_\_\_ *in kgs*

### Contact Details

\*Telephone No. + \_\_\_\_\_

\*Mobile No. + \_\_\_\_\_

\*E-mail ID \_\_\_\_\_ \*UAE Contact (If Any) +971 \_\_\_\_\_

\*Emergency Contact + \_\_\_\_\_

Permanent Address / Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

### Parents/Guardians Details

\*Father's Name \_\_\_\_\_ \*Occupation \_\_\_\_\_

\*Telephone No. + \_\_\_\_\_ \*Mobile No. + \_\_\_\_\_

\*E-mail ID \_\_\_\_\_ \*UAE Contact (If Any) +971 \_\_\_\_\_

\*Mother's Name \_\_\_\_\_ (As per Passport)

\*Telephone No. + \_\_\_\_\_ \*Mobile No. + \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Telephone No. + \_\_\_\_\_ Mobile No. + \_\_\_\_\_

E-mail ID \_\_\_\_\_

### Applying for

#### 'Nothing to Everything'

- Cabin Crew/hospitality
- Ground Handling

### Academic Background (Secondary and Higher)

Institution Name	Educational Level	Subject/ Specialization	%Score	Year of Graduation

### Work Experience (if any)

Job Title	Name Of Organization	Address	Start Date (MM-YY)	Finish Date (MM-YY)

## Medical History

\* Do you have any medical issues

Yes

No

If yes, please explain:

## Refund Policy

If the student wishes to leave the program due to any reason(s) after the registration, no refunds will be provided in terms of any fee paid for the registration, visa arrangement or previous installments(s).

**ACCOUNT NAME:** VISION CONCEPT AVIATION TRAINING INSTITUTE  
**NAME OF BANK:** ABU DHABI COMMERCIAL BANK  
**BRANCH :** Al Rigga Branch, Dubai, UAE.  
**ACCOUNT NO:** 11431145920001  
**IBAN NO:** AE330030011431145920001  
**ACCOUNT TYPE:** CURRENT ACCOUNT  
**SWIFT CODE:** ADCBAEAA

## Declaration

I hereby declare that I have answered all the questions in this application fully and truthfully. I shall abide by the rules and regulations of Vision Concept Aviation Training Institute (VCATI). I have attached all required documentation.

\*Applicant's Signature \_\_\_\_\_

\*Date \_\_\_\_\_ dd/mm/yy

\*Parent/Guardian Signature \_\_\_\_\_

\*Date \_\_\_\_\_ dd/mm/yy

**Student Application**

A Clear Scanned Copy of Applicant's International Passport	<input type="checkbox"/>
Last Educational Certificate Achieved	<input type="checkbox"/>
Last Educational Transcript	<input type="checkbox"/>
A Clear Scanned Copy of Passport Photograph (white background)	<input type="checkbox"/>

**FOR OFFICIAL USE ONLY**

Admission Committee \_\_\_\_\_ Admission Number \_\_\_\_\_

Director's Remarks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fee Package \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ dd/mm/yy



**VISION**  
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