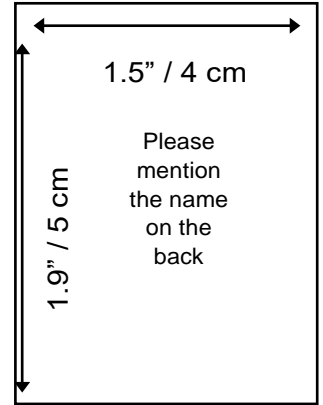




CONCEPT AVIATION TRAINING INSTITUTE

Application Form Pearson-BTEC



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 _____ *Gender _____ *Occupation _____

*Nationality _____ *Country Of Residence _____

*Passport Number _____ *Expiry date _____

*Visa Status In UAE _____

Contact Details

*Telephone No. . _____ *Mobile No. . _____

*E-mail ID _____ *UAE Contact (if any) _____

Permanent Address / Mailing Address

City/Town _____ State/Province _____ Country _____

Parents/Guardians Details

*Father's Name _____ *Occupation _____

*Landline No. _____ *Mobile No. . _____

*E-mail ID _____ *UAE Contact (if available) _____

*Mother's Name _____ (As per Passport)

*Telephone No. . _____ *Mobile No. . _____

*E-mail ID _____ *Occupation _____

Emergency contact

Name _____ Occupation _____

Telephone No. _____ Mobile No. _____

E-mail ID _____

Applying for

*Which course?

- Level 3 Extended Diploma in Aeronautical Engineering
- Level 3 Extended Diploma in Aircraft Maintenance.
- Level 4 Higher National Certificate in Aeronautical Engineering.
- Level 5 Higher National Diploma in Aeronautical Engineering.

• **Fees for registration - USD 5,000**

Academic Background (Secondary or Higher Education)

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).

Next step: I ask that you confirm this application form along with the USD 5,000 admission fee and the completed documents.

First installment should be paid to the following Bank Account:

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:	ADCB AEAA

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 Concept Aviation Training Institute – VCATI

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