

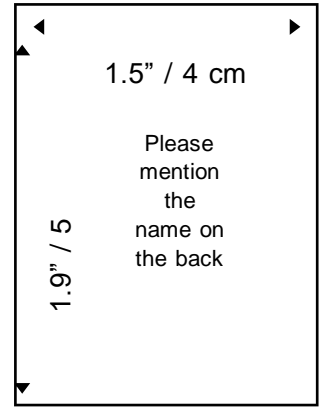


VISION

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).

Bank Name:	EMIRATES NBD BANK, DUBAI, U.A.E
Branch Address:	RASHIDIYA BRANCH DUBAI
Account Name:	VISION CONCEPT AVIATION TRAINING INSTITUTE
Account No.:	1014702121101
IBAN No.:	AE150260001014702121101
Swift Code:	EBILAEAD
Account Type:	Current Account AED
Purpose:	CORPORATE COURSE FEES

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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