

Airflite Aviation Pty Ltd (RTO 52904)**Airflite Flying College (AFC)****Pre - Enrolment Application Acknowledgement**

Dear

This letter acknowledges your application to enrol in the nominated Airflite Flying College Training Program and is a pre-cursor to your formal enrolment at Airflite Flying College.

This letter also provides you with the pre-enrolment process information and outlines what is required of you to complete the enrolment process.

The Airflite Flying College enrolment process strives to provide equal and fair treatment of all students seeking to enrol in an Airflite Flying College Training Program. Final selection of students for a Training Program will be based on the Airflite Flying College selection criteria which at its forefront, has the best interests of you, the student in mind as a career in aviation is not to be taken lightly and requires significant commitment.

The Airflite Flying College Student Handbook available at www.airflite.com.au/learn-to-fly provides full details on the pre-enrolment selection process.

Airflite Flying College require your compliance in following the next steps in the pre-enrolment process:

- Step 1. Complete and sign (electronic signature is acceptable) the Pre-Enrolment Form attached with this letter and return the signed document to Airflite Flying College via email.
- Step 2. Read your Student Handbook.
- Step 3. Attend the relevant Airflite Flying College campus in person on the agreed time and date (*nominate on the attached form or contact AFC to arrange suitable dates and times*) to undergo the pre- enrolment process outlined by the Student Handbook.

All contact details will be provided at the bottom of this letter.

If you require further information, please contact the Airflite Flying College Administration on:

- Telephone: (08) 9499 7060 or Email: flyingcollege@airflite.com.au

The Airflite Flying College team and I look forward to meeting you.

Yours faithfully,

Training Manager

AIRFLITE FLYING COLLEGE PRE-ENROLMENT FORM

Overview

This Pre-Enrolment Form is the pre cursor to completing the full enrolment process for a Training Program at Airflite Flying College.

Meeting academic suitability, aptitude and language/literacy guidelines are just some of the entry requirements to be achieved before final enrolment is granted. The Airflite Flying College Student Handbook provides full details of the enrolment process.

Enrolment Form to be emailed to:		Email: learntofly@airflite.com.au	
Full Name:		Student ID number: <small>(Only applicable to previously enrolled AFC students)</small>	
Elect to defer tuition fees on VET student loan		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Enrolment Training Program (Qualification)			
Please tick the Training Program to which this pre - enrolment applies.			Tick
Jandakot Airport Courses: 35 Eagle Drive, Jandakot Airport, WA 6164			
Professional Pilot Pathway:		Set intake	
<ul style="list-style-type: none"> AVI50222 Diploma of Aviation (Commercial Pilot Licence – Aeroplane) AVI50519 Diploma of Aviation (Instrument Rating) AVISS00069 Multi-Engine Aeroplane Pilot Skill Set AVISS00046 Night Visual Flight Rules Pilot Skill Set 			<input type="checkbox"/>
Additional Training Program enhancements:			
➤ Includes 100 hours Multi-engine aircraft flight time.			
AVI50222 Diploma of Aviation (Commercial Pilot Licence – Aeroplane)		Set intake	
AVISS00069 Multi-Engine Aeroplane Pilot Skill Set AVISS00046 Night Visual Flight Rules Pilot Skill Set			<input type="checkbox"/>
Additional Training Program enhancements:			
➤ Includes 75 hours Multi-engine aircraft flight time.			
AVI50222 Diploma of Aviation (Commercial Pilot Licence – Aeroplane)		Set intake	
AVISS00046 Night Visual Flight Rules Pilot Skill Set			<input type="checkbox"/>
Note: Single Engine aircraft used for this Training Program.			
AVI50419 Diploma of Aviation (Flight Instructor)		Set intake	
			<input type="checkbox"/>
AVI50519 Diploma of Aviation (Instrument Rating) – Analogue		Rolling Intake	
Additional Training Program enhancements:			<input type="checkbox"/>
➤ Includes 33 hours Multi-engine aircraft flight time.			
AVI50519 Diploma of Aviation (Instrument Rating) – Glass Cockpit (G1000)		Rolling Intake	
Additional Training Program enhancements:			<input type="checkbox"/>
➤ Includes 33 hours Multi-engine aircraft flight time.			
Nominated Intake			
Set Intake Course:			
Refer to our website and nominate the intake this enrolment is for (month/year): _____ / _____			
Rolling Intake Course:			
Rolling intakes do not have set dates, please nominate your preferred start date: _____ / _____ / _____			

AVETMISS - STANDARD ENROLMENT QUESTIONS

Introduction

The following questions are provided to assist Airflite Flying College with collecting student data in an Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS) compliant format.

The use of the following standard enrolment questions supports the capture of compatible and comparable data over time.

1 Privacy Notice

Why AFC collects your personal information.

As a registered training organisation (RTO), Airflite Aviation Pty Ltd through its training division Airflite Flying College (AFC) collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) Training Program with us.

The collection of Personal Information is mandatory as without it, we are unable to issue you with a nationally recognised VET qualification or statement of attainment when you complete your Training Program.

How AFC use your personal information.

AFC use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How AFC disclose your personal information.

AFC is required by law (under the National Vocational Education and Training Regulator Act 2011 ((NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information.

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NCVER Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation.
- facilitation of statistics and research relating to education, including surveys and data linkage.
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy.

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.desegov.au/national-vet-data/vet-privacy-notice>.

Surveys.

You may receive a student survey which may be run by a government department or an NCVET employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information.

At any time, you may contact AFC to:

- request access to your personal information.
- correct your personal information.
- make a complaint about how your personal information has been handled.
- ask a question about this Privacy Notice.

PLEASE COMPLETE THE FORM IN BLOCK CAPITAL LETTERS ONLY

2	Personal Details		
<p>Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want AFC to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose. See section on the USI at the end of this form for more information.</p>			
Family Name (Surname)			
Given Name (s)			
Birth Date (dd/mm/yyyy)			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
3	Contact Details		
Phone	Mobile	After Hours	Business
Email	@		
4	Address		
<p>What is the address of your usual residence? Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address. Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.</p>			
Building/Property Name			
Flat/Unit Details			
Street or Lot Number (e.g. 205 or Lot 118)			
Street Name			
Suburb, Locality or Town			
State/Territory			
Postcode			

Postal Address <i>(if different from above)</i>	
Building/Property Name	
Flat/Unit Details	
Street or Lot Number <i>(e.g. 205 or Lot 118)</i>	
Street Name	
Postal Delivery Box	
Suburb, Locality or Town	
State/Territory	
Postcode	

5 Language and Cultural Diversity				
Country of Birth	In which country were you born?	Australia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Other (please specify)		
		Year of Arrival in Australia (If applicable)		
Language spoken at home	If more than one language, indicate the one spoken most often	English Only	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Other (Please specify language)		
Aboriginal or Torres Strait Islander	Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)	Aboriginal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Torres Strait Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6 Schooling					
Schooling	What is your highest COMPLETED school level? <i>(Tick ONE box only)</i> If you are currently enrolled in secondary education, the Highest school level completed refers to the highest school level you have actually completed and not the level you are currently undertaking.				
	Year 12 or equivalent				<input type="checkbox"/>
	Year 11 or equivalent				<input type="checkbox"/>
	Year 10 or equivalent				<input type="checkbox"/>
	Year 9 or equivalent				<input type="checkbox"/>
	Year 8 or below				<input type="checkbox"/>
	Never attended school				<input type="checkbox"/>
Enrolment Status	Are you still enrolled in secondary or senior secondary education?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Year left school					
Name of School					
Suburb, State and Post Code	Suburb:		State:		Post Code:

7	Disability		
Disability	Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability Type	If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: <i>(You may indicate more than one area) Please refer to the Disability Supplement (attached) for an explanation of the following disabilities.)</i>		
	Hearing/deaf	<input type="checkbox"/>	
	Physical	<input type="checkbox"/>	
	Intellectual	<input type="checkbox"/>	
	Learning (see learner Support below)	<input type="checkbox"/>	
	Mental illness	<input type="checkbox"/>	
	Acquired brain impairment	<input type="checkbox"/>	
	Vision	<input type="checkbox"/>	
	Medical condition	<input type="checkbox"/>	
Other (Please provide details below)	<input type="checkbox"/>		

8	Previous Qualification Achieved		
Previous Qualification Achieved			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you SUCCESSFULLY completed any of the qualifications listed below:	<input type="checkbox"/> Yes	If Yes, tick ANY applicable box.	
	<input type="checkbox"/> No	If No, go to question 9.	
Qualification	Qualification Title		Tick
Bachelor's degree or higher degree			<input type="checkbox"/>
Advanced diploma or associate degree			<input type="checkbox"/>
Diploma (or associate diploma)			<input type="checkbox"/>
Certificate IV (or advanced certificate/technician)			<input type="checkbox"/>
Certificate III (or trade certificate)			<input type="checkbox"/>
Certificate II			<input type="checkbox"/>
Certificate I			<input type="checkbox"/>
Other education (including certificates or overseas qualifications not listed above)			<input type="checkbox"/>
The Year you completed the Qualification(s) selected above.			
Name of Higher Education Provider			
Suburb, State and Post Code	Suburb:	State:	Post Code:

9 Employment		
Employment Status	Of the following categories, which BEST describes your current employment status?	
	<i>For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).</i>	
Employment Status	Employment Position/Role	Tick
Full-time employee.		<input type="checkbox"/>
Part-time employee.		<input type="checkbox"/>
Self-employed – not employing others.		<input type="checkbox"/>
Self-employed – employing others.		<input type="checkbox"/>
Employed – unpaid worker in a family business.		<input type="checkbox"/>
Unemployed – seeking full-time work.		<input type="checkbox"/>
Unemployed – seeking part-time work.		<input type="checkbox"/>
Not employed – not seeking employment.		<input type="checkbox"/>

10 Study Reason		
Study Reason Categories	Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship.	
	To get a job.	<input type="checkbox"/>
	To develop my existing business.	<input type="checkbox"/>
	To start my own business.	<input type="checkbox"/>
	To try for a different career.	<input type="checkbox"/>
	To get a better job or promotion.	<input type="checkbox"/>
	It was a requirement of my job.	<input type="checkbox"/>
	I wanted extra skills for my job.	<input type="checkbox"/>
	To get into another course of study.	<input type="checkbox"/>
	For personal interest or self-development.	<input type="checkbox"/>
	To get skills for community/voluntary work.	<input type="checkbox"/>
Other reasons.	<input type="checkbox"/>	

11 Unique Student Identifier		
From 1 January 2015, AFC is prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your Training Program if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it directly at https://www.usi.gov.au/students/create-your-usi/		
USI Number	Enter your Unique Student Identifier	<input type="text"/>

12 USI Application via AFC

If you do not have a Unique Student Identifier (USI) and would like us to apply for a USI on your behalf, you must authorise us to do so and declare that you have read the privacy information at <<https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>>.

You must complete a separate application and also provide some additional information so that AFC can verify your identity and facilitate the application for a USI on your behalf. Please see AFC Administrator for assistance.

13 Emergency Contact Person (Optional)

Name				Relationship	
Phone	Mobile	After hours	Business		

14 Marketing Survey

How did you discover Airflite Flying College?	Of the below options, select the one which BEST describes how you discovered Airflite Flying College and the training program you are enrolling in.	
	Internet (website, Google or Yahoo)	<input type="checkbox"/>
	Facebook or any sponsored Facebook campaigns	<input type="checkbox"/>
	Instagram or any sponsored Instagram campaigns	<input type="checkbox"/>
	Word of mouth – friends or family	<input type="checkbox"/>
	Word of mouth – Airflite Flying College employee	<input type="checkbox"/>
Other	<input type="checkbox"/>	

15 Student Declaration

I declare that the information I have provided to the best of my knowledge is true and correct.
I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice outlined by this Pre - Enrolment Form.

Student Signature		Date
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Parental/guardian consent is required for all students under the age of 18.

Parent Guardian/ Signature		Date
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ENROLMENT CHECKLIST

1 Citizenship status for VET Student Loans (provide evidence)		
Australian Citizen <input type="checkbox"/>	Permanent humanitarian visa Holder <input type="checkbox"/>	New Zealand Citizen ** <input type="checkbox"/>
**New Zealand Citizen eligibility requirements. Please answer the following questions:		
• hold a New Zealand Special Category visa (subclass 444)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• have been usually resident in Australia for at least 10 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• have been a dependent child when you were first usually resident in Australia;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• have been in Australia for periods totalling 8 years during the previous 10 years.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• have been in Australia for periods totalling 18 months during the previous 2 years.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (please specify):		
2 Academic History (provide evidence)		
Certificate IV level or higher qualification (delivered in English)		<input type="checkbox"/>
Government issued secondary school education completion certificate (WACE, VCE etc.)		<input type="checkbox"/>
Language, Literacy and Numeracy Assessment (see section 4 and book a date)		<input type="checkbox"/>
3 COMPASS Test		
Book the test (2 – 3 hour test)	35 Eagle Drive, Jandakot Airport Mon to Fri, 8:30am – 3:00pm	(dd/mm/yyyy) ____ / ____ / ____ (hh:mm AM/PM) ____ : ____
4 Language, Literacy and Numeracy Assessment (skip if Section 2: Academic History is complete)		
Language/Literacy and Numeracy (LLN)	LLN is identified by AFC as the most common form of learning disability and where Learner Support assistance will be required. AFC may adopt the Australian Core Skills Framework (ACSF) approved LLN assessment tool i.e. <i>Core Skills Profile for Adults (CSPA)</i> to identify the LLN skills of students and compare the student results against the ACSF levels of the Training Program enrolled in. This informs AFC of any LLN support needs you may have and provides an opportunity for AFC to better assist you to remedy any identified LLN need. Core Skills Profile for Adults (CSPA). The CSPA is an approved (by the Secretary under VSL Rules 2016 Subsection 2) set of online assessments used by AFC in measuring the literacy and numeracy skills of students. The assessment process is conducted with honesty and integrity and the CSPA Reading, Numeracy & Writing assessments produce valid and reliable data through comprehensive reporting against five levels of the Australian Core Skills Framework (ACSF).	
LLN Assessment Consent	If deemed applicable, do you consent to undergoing a LLN ACSF Assessment by AFC to identify any specific learner needs you may have?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Learner Support Services	Please note that AFC operates a Learner Support program offering and providing assistance in a range of learning support areas that include: <ul style="list-style-type: none"> Library and access to internet for research. Promotion of co-operative learning with other students. Ongoing monitoring of students' progress. Individualised learning tasks. Demonstration of methods. Group problem-solving. 	

	<ul style="list-style-type: none"> • Career and pathway counselling. • Language, Literacy and Numeracy support (LLN). <p>You are able to access any of the services within Learner Support program:</p> <ul style="list-style-type: none"> • At enrolment via this Enrolment Form. • During induction to AFC. • During course duration, and in particular at course Interview sessions. • Any time by contacting an AFC staff member. • Any combination of the above. 		
Learner Support Services Acknowledgement	Do you acknowledge and understand the existence and purpose of Airflite Aviation's Learner Support program, and the services available to you and how to access these services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Book the test! (2 – 3 hour test)	35 Eagle Drive, Jandakot Airport Mon to Fri, 8:30am – 3:00pm	(dd/mm/yyyy) ____ / ____ / ____ (hh:mm AM/PM) ____ : ____ ____	
5	Entry Assessment Interview (HOO or delegate)		
Book the test (1- 2 hour interview)	35 Eagle Drive, Jandakot Airport Mon to Fri, 8:30am – 3:00pm	(dd/mm/yyyy) ____ / ____ / ____ (hh:mm AM/PM) ____ : ____ ____	

DISABILITY SUPPLEMENT

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question. Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

'Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category. The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.