

| For official use only:                 |               |
|----------------------------------------|---------------|
| Application fee (inclusive of 7% GST): | S\$321        |
| Payment in:                            | Cash / Cheque |
| Date:                                  |               |
| Receipt No.:                           |               |
| Collected By:                          |               |

**APPLICATION FOR QATAR AIRWAYS MPL CADET PILOT PROGRAMME**

**INSTRUCTIONS:**

1. This application form is to be completed in applicant's own handwriting.
2. Please attach photocopies of your identification card, certificates and testimonials and mail it to our office address. Alternatively, please submit scanned copies to [qatar.cadet@staa.com.sg](mailto:qatar.cadet@staa.com.sg).
3. The originals should be produced when you are called for an interview.
4. Kindly take note that you are required to pay a non-refundable application fee of S\$321 (inclusive of GST) when you are invited to attend SELECTION TEST.
5. All payment is to be made via cheque (made payable to "ST Aerospace Academy Pte Ltd") or cash (in person only).

|                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------|
| <p><b>PHOTOGRAPH</b></p> <p>Please affix a recent passport sized photograph which provides a good likeness of yourself</p> |
|----------------------------------------------------------------------------------------------------------------------------|

| (A) APPLICATION DETAILS |                                        |
|-------------------------|----------------------------------------|
| Course Applied For:     | Course Commencement Date:<br>(MM/YYYY) |

| (B) NAME & ADDRESS                                                          |                     |                                                   |
|-----------------------------------------------------------------------------|---------------------|---------------------------------------------------|
| Name (As per Identification Card)<br>(In BLOCK LETTERS, Underline surname): |                     | Your name in your own language or script, if any. |
| Address:                                                                    | Work Telephone No.: | Home Telephone No.:                               |
|                                                                             | Email Address:      | Mobile No.:                                       |

| (C) PERSONAL DETAILS                  |                                         |                                           |                                                          |
|---------------------------------------|-----------------------------------------|-------------------------------------------|----------------------------------------------------------|
| Date of Birth & Age:                  | Place of Birth:                         | Nationality:                              | Gender: Male / Female                                    |
| Identity Card No.:                    | Passport No.:                           | Occupation & Employer Name:               | Race:                                                    |
| Religion:                             | Spectacles / contact Lenses:<br>*YES/NO | Colour Blindness:<br>*YES/NO              | Height:<br><br>Weight:                                   |
| English Language Proficiency:         |                                         |                                           |                                                          |
| Written Only <input type="checkbox"/> | Spoken Only <input type="checkbox"/>    | Written & Spoken <input type="checkbox"/> | IELTS/TOFEL /OETS or equivalent <input type="checkbox"/> |
|                                       |                                         |                                           | Others Please specify: <input type="checkbox"/>          |

**Note:** All information provided is treated with strictest confidentiality and are meant for internal use only.

| (D) NEXT-OF-KIN CONTACT (IN CASE OF EMERGENCY) AND FAMILY DETAILS |                                                     |
|-------------------------------------------------------------------|-----------------------------------------------------|
| Marital Status: Married / Single / Divorced / Widowed             | Next-of-kin Relationship (if single):               |
| Spouse's Name:                                                    | Next-of-kin's Name (leave blank if same as spouse): |
| Spouse's Occupation:                                              | Spouse or Next-of-kin's Address:                    |
| No. of Children:                                                  | Spouse or Next-of-kin's Tel/Mobile No.:             |

| (E) EDUCATIONAL DETAILS                                             |         |        |      |                                  |
|---------------------------------------------------------------------|---------|--------|------|----------------------------------|
| Name of school attended, in chronological order, from the age of 12 |         |        |      |                                  |
| School/Institution                                                  | Country | Year   |      | Highest Standard Attained (Year) |
|                                                                     |         | Joined | Left |                                  |
|                                                                     |         |        |      |                                  |
|                                                                     |         |        |      |                                  |
|                                                                     |         |        |      |                                  |
|                                                                     |         |        |      |                                  |
|                                                                     |         |        |      |                                  |

| (F) FLIGHT EXPERIENCE                                                                                                |      |      |                      |               |                |            |
|----------------------------------------------------------------------------------------------------------------------|------|------|----------------------|---------------|----------------|------------|
| Do you have any previous flight experience: YES (specify below) <input type="checkbox"/> NO <input type="checkbox"/> |      |      |                      |               |                |            |
| Insert no. of hours<br>(If applicable):                                                                              | Solo | Dual | Night                | Cross Country | Multi – Engine | Instrument |
|                                                                                                                      |      |      |                      |               |                |            |
| Any Pilot Licence Attained:                                                                                          |      |      | Civilian / Military: |               |                |            |

| (G) AVIATION MEDICAL EXAMINATION (IF APPLICABLE) |                                     |
|--------------------------------------------------|-------------------------------------|
| Name and address of Medical Examiner:            |                                     |
| Category of Medical Certificate:                 | Other Medical Examinations:         |
| Class 1: <input type="checkbox"/>                | E.C.G: <input type="checkbox"/>     |
| Class 2: <input type="checkbox"/>                | Audiogram: <input type="checkbox"/> |

| (H) MISCELLANEOUS                                                                                                          |                                |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Do you have any existing / past illness(es) or medical problem(s)?<br>If yes, please give details                          | Yes / No                       |
| Have you ever been convicted of a criminal offence in court?<br>If yes, please give details                                | Yes / No                       |
| Have you served your National Service?<br>If yes, please give details                                                      | Yes / No                       |
| Appointment/ Vocation                                                                                                      | Rank                           |
| Unit                                                                                                                       | Period of Service<br>From: To: |
| Any other information (e.g. awards, CCAs, hobbies etc) which you think will aid in your application, please provide below: |                                |

| (I) MARKETING INFORMATION                                                                                  |                                                         |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| I consent to receiving marketing and promotional updates from STAA via email                               | Yes / No                                                |
| Please indicate how you FIRST came to know about ST Aerospace Academy? (Please tick the appropriate box) : |                                                         |
| News paper <input type="checkbox"/>                                                                        | Word of mouth <input type="checkbox"/>                  |
| Search Engine <input type="checkbox"/>                                                                     | Facebook <input type="checkbox"/>                       |
| Event/ Exhibition <input type="checkbox"/>                                                                 | Magazine <input type="checkbox"/>                       |
|                                                                                                            | Others (please specify): _____ <input type="checkbox"/> |

| (J) DOCUMENT CHECKLIST                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Duly completed application form with 1 passport sized photo                                                                                     |
| <input type="checkbox"/> 1 copy of identity card/ NRIC                                                                                                                   |
| <input type="checkbox"/> 1 copy of passport                                                                                                                              |
| <input type="checkbox"/> Copies of educational certificates including result slips or transcripts                                                                        |
| <input type="checkbox"/> International English Language Testing System (IELTS) Academic Certificate with score of 6 and above – to submit before final airline interview |
| <input type="checkbox"/> Certificate of No Criminal Conviction (CNCC) – to submit before final airline interview                                                         |
| <input type="checkbox"/> NS completion certificate (for Male Singaporeans)                                                                                               |
| <input type="checkbox"/> CASA class 1 and class 2 aviation medical certificate endorsed by QCAA – to submit before course commencement                                   |

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**(K) PRE COURSE COUNSELLING (TO BE EXPLAINED BY THE MARKETING EXECUTIVE WITH THE APPLICANT)**

**COURSE & ACADEMY INFORMATION**

Prospective cadet has been briefed on the following:

- Academy Information – STAA’s location, facilities, infrastructure and aviation authorities’ approval.
- Course Information - Licensing Body, Course Structure, Intake, Course Duration.
- Job prospect after graduation
- Admission Criteria.
- Counselling and Student Support service available.

**INTERNATIONAL STUDENT (IF APPLICABLE)**

Prospective cadet has been briefed on the following:

- Student pass application, procedures and documents required as well as the rules & regulations governing the issuance of a student pass.
- Advice on medical check-up, etc.
- Advice on personal and medical insurance.
- Advice on Information on Singapore - Relevant Immigration rules and relevant laws of Singapore.

**FEES PAYABLE AND PAYMENT METHODS**

Prospective cadet has been briefed on the following:

- Total payable fees throughout the course duration and any other relevant fees payable to STAA.
- Payment methods ie. Cheque, Cash or Bank Transfer.
- Advisory Note and Student Contract has to be signed and dated before payment can be made.

**FEE PROTECTION SCHEME AND STUDENT CONTRACT**

Prospective cadet has been briefed on the following:

- The Fee Protection Scheme (FPS) that STAA adopts and purchases for cadets.
- Both local and international cadets enrolled into STAA are covered under Lonpac Insurance. The scheme covers course fees excluding GST. A copy of Certificate of Insurance (COI) will be given to cadets electronically according to the email address stated in this application.
- The Terms & Conditions stated in the Student Contract have been explained and fully understood by the cadet

**MEDICAL INSURANCE DECLARATION**

Prospective cadet has been briefed on the following:

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Compulsory medical insurance scheme provided by STAA according to CPE's medical insurance requirements.

**REFERENCE TO COUNCIL FOR PRIVATE EDUCATION (CPE)**

Prospective cadet has been briefed on the following:

Refer to CPE website ([www.cpe.gov.sg](http://www.cpe.gov.sg)) for FPS and other information

**POLICY AND PROCEDURE OF WITHDRAWAL/REFUND/TRANSFER**

Prospective cadet has been briefed on the following:

STAA's Withdrawal and Refund Policy and Procedures.

STAA's Transfer and Refund Policy and Procedures.

By signing and submitting this form, you consent to ST Aerospace Academy to collect, use, disclose and process your personal data for (i) processing and evaluating your application to register for the course(s), (ii) administration related to the registration and conduct of the course(s); (iii) conducting the courses; (iv) communicating with you concerning the course (including administrative matters relating to the course); and (v) evaluating your participation and performance in the course. Your personal data may also be shared with other entities in the ST Engineering Group for the abovementioned purposes. Your personal data will be used and retained in accordance with the ST Aerospace Personal Data Policy available at <https://www.staero.aero/>.

The information that I have provided in this application is true and accurate to the best of my knowledge. I understand the application process and accept that the ST Aerospace Academy Pte Ltd (STAA) reserves the right of selection based on the information supplied with this application. The information on this application form and any subsequent assessment results conducted by STAA may be provided to Qatar Airways.

Signature of Applicant:

Date: