



Air Training Corps National Gliding Course Application Form

Name: _____ **Squadron:** _____

Notes for completion:

1. This form is to be used only for National Gliding applications including applications from returning students.
2. Attention to detail, correct and legible completion is required.
3. **An NZCF 8 is to be completed and forwarded with this application.**
4. Nominations are to be received by the Area CFTSU by the close off date detailed in the NZCF Annual Training Plan. Late nominations will not be accepted.

PART ONE: APPLICATION

PERSONAL INFORMATION:

1. Surname: _____ Initials: _____ Rank: _____ Sqn: _____ DOB: _____

Home Address: _____

Home Phone: () _____ Cell Phone: () _____

Email: _____

Height (cm) _____ Weight (kg)¹ _____

Note: 1. Gliders have design specifications such as minimum/maximum cockpit loads

APPLICATION:

2. I wish to apply for: (Delete one) a. National Gliding
b. National Gliding Returning Student

3. Have you previously attended National Gliding YES / NO
If so, when? _____

4. Have you previously applied, but were unsuccessful? YES / NO

PART TWO: STUDENT QUESTIONNAIRE

5. FORMAL FLYING TRAINING EXPERIENCE:

	Power Aircraft:	Hrs. _____
	Gliders:	Hrs. _____
Aircraft Types Flown:	:	:
_____	:	_____
_____	:	_____
_____	:	_____

6. Do you have a New Zealand Gliding Association Medical Declaration Certificate?
YES / NO

- Note: 1. In order to fly solo you are required to bring this certificate with you to the course for presentation to the Course Director upon arrival.
2. Not having a certificate does not preclude you from the course, only from flying solo.

PART THREE: PARENT/GUARDIAN/CAREGIVER CONSENT

7. Parent/Guardian/Caregiver:

Name: _____ Relationship: _____
(Please Print)

Address: _____
(If different to that on the NZCF 8)

8. I certify that should my son/daughter/ward be selected for National Gliding, he/she has my consent to engage in glider training in civilian gliders.
9. I acknowledge that I am responsible for arranging any desired personal insurance cover and for the costs associated in obtaining a New Zealand Gliding Association Medical Declaration and Certificate¹ for him/her.
10. I understand that there is a user pay component to this course, and should my son/daughter/ward be successful in selection, they will be required, prior to attending the course, to pay approx. \$750 to the General Secretary for ATCANZ via invoice, which will be issued on selection.

Parent/Guardian/Caregiver : _____
(Print Name)

Signature: _____ Date: _____

Note: 1. Certificate attached, can be completed by local GP.

PART FOUR: Unit Commanders Declaration

12. I declare that to the best of my knowledge the information in this application, is correct and the applicant meets the NZCF eligibility criteria.

Name: _____ Rank: _____
(Please Print)

Signature: _____ Date: _____

Cadet Unit Commander _____ SQN, ATC

NEW ZEALAND GLIDING ASSOCIATION INC.

Form OPS 1

Medical Declaration

MEDICAL DECLARATION AND CERTIFICATE

Full Name.....
(First Names) (Surname)

Candidate's Declaration:

I hereby declare that to the best of my knowledge and belief I am in good health and do not suffer from any of the following conditions:

- (a) Epilepsy or other periodic disturbances of consciousness, giddiness, or a history of moderate or severe head injury.
- (b) Diabetes requiring insulin therapy.
- (c) High blood pressure, coronary artery disease.
- (d) A history of alcoholism or drug addiction.
- (e) Any condition requiring regular medication with antihistamines, antispasmodics, sedatives or tranquillisers.

I also declare that I do not have any established history of or suffer from any other medical condition or disability, either mental or physical, including any visual defect or chronic ear, sinus or respiratory disease or take any medication which would be likely to affect my ability to fly a glider safely.

I understand that it is my responsibility to inform the Chief Flying Instructor or the Civil Aviation Authority of any changes that may affect this declaration.

I hereby certify that all particulars shown on this application are, to the best of my knowledge, true and correct. I declare that I am a "fit and proper person" in accordance with Sections 8 and 9 of the Civil Aviation Act. This means that that I have not had an aviation licence or application rejected or denied, or been convicted of or am presently facing charges of any offences likely to have impact upon my (or others) safety as a pilot, and that I am physically and mentally healthy.

Signed Date

Medical Examiner's Certificate:

From my knowledge of the medical history of the above, and/or from the result of a medical examination, I certify that to the best of my knowledge and belief the above declaration is correct and I am not aware of any reason why it should not be safe medically for the pilot to fly as Pilot-in-Command of a glider or powered glider.

Signed Date
(Registered Medical Practitioner)

Printed Name Registration Stamp

Official use only

Date this copy of Medical Declaration received..... Signature of CFI.....