



Form TRD-F03 Application for Enrolment (p1)													
PERSONAL DETAILS													
Forename		Surname		Nationality			National Identity Code						
Date of Birth (DD/MM/YYYY)		Place of Birth		Passport Number If any			Passport Issuing Country						
Current Age		Gender: Male or Female		Mobile Number			Email Address						
Home Address										Home Phone Number			
EMERGENCY CONTACT PERSON													
Name		Address						Phone Number					
COMPANY (OPTIONAL)													
Name		Address						Phone Number					
WHAT KIND OF TRAINING ARE YOU WILLING TO ENROLL FOR? Please tick in the appropriate box.													
Training Courses													
PPL(A) Modular	CPL(A/H) Integrated	CPL(A/H) Modular	IR(A/H) Modular	ATP(A/H) Integrated	ATP(A/H) Modular	FI	IRI IRE	CRI	STI	MCC MCCI	FA	FOO	Xx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WHAT TYPE OF INSTRUCTION WOULD YOU LIKE TO RECEIVE? Please tick in the appropriate box.													
ACTUAL CLASSROOM: <input type="checkbox"/>			DISTANCE LEARNING: <input type="checkbox"/>										
LICENSES (Please Specify your licenses, if any, in the space provided.)													
Type of License		Issuing Country		Number		Issue Date		Expiry Date					
RATINGS and Certificates (Please Specify, if any, in the space provided.)													
Ratings/Certificates				Issuing Country		Issue Date		Expiry Date					



Form TRD-F03 Application for Enrolment (p2)					
FLYING EXPERIENCE (Record of pilot time – Aeroplanes only)					
Total Flight Time	Total Time PIC	Total Time Co-pilot	Total Time Multi-engine	Total Time Instrument	Total Time Cross Country
DOCUMENTS TO BE ATTACHED					
<input type="checkbox"/> Copies of passport or birth certificate pages					
<input type="checkbox"/> Copies of licenses					
<input type="checkbox"/> A copy of medical certificate					
<input type="checkbox"/> A copy of security clearance					
<input type="checkbox"/> Copies of first and last pages of the pilots' logbook					
<input type="checkbox"/> A copy of educational achievement (high school diploma or a higher academic degree)					
<input type="checkbox"/> Copies of relevant training certificates					
<i>I have read and accepted the conditions of enrolment including the refund and cancellation policy of HOMA.</i>					
<b>Signature of the Applicant:</b>				<b>Date:</b>	
<b>FOR HOMA USE ONLY (Decisions to be taken by Head of Training)</b>					
<b>Signature:</b>				<b>Date:</b>	
DESCRIPTION OF ABBREVIATIONS					
<b>IR(A):</b> Instrument Rating (Aeroplanes)			<b>FOO:</b> Flight Operation Officer		
<b>ATP(A):</b> Air Transport Pilot (Aeroplanes)					