



Cabin Crew Academy Registration

SA-CAA Certificate No: CAA/0117

Lauriston Road 179
Norton Home Estate
Benoni
Tel : 082 923 3630
Fax: 086 574 1139
Email: lsmith027@gmail.com

Full name		Gender	M / F
Physical Address		Postal Address	
ID Number	(Copy attached)		
Contact details	Tel:	Cell:	
Next of kin and Relationship			
Person responsible for payment (Relationship)	Tel:		
Medical Aid		Tel No	
Membership No			

General Information	YES	NO
Do you have a Matric certificate? (Attach copy)		
Are you able to swim unassisted?		
Do you have daily transport to the training venue?		
Were you ever convicted of a criminal offence?		
Do you have any previous flying experience, even as a passenger?		
Have you ever applied for the position of a Cabin crew Member?		
Are you aware of any medical condition allergies that may disqualify you as a Cabin Crew Member? E.g. Diabetes, Asthma etc? If 'yes' please specify		
Please note that SA CAA requires a Aviation Medical Certificate (DD50) issued by an Aviation Medical Practitioner. This certificate is required to enroll on the training course. Feel free to contact this office for details of a practitioner in the East Rand area.		
To secure a place on the training course it is required that a Registration fee of R2500 be paid, which will be deducted from the course fee of R 10900.00. This money must be paid into the account of ON BOARD CONSULTANCIES ACC NO 407 656 4064, ABSA BANK, BENONI BRANCH. Proof of payment must accompany the submission of this form		

Course date -

I confirm that the above information is correct to the best of my knowledge

I agree to adhere to the rules and regulations as set out by the Cabin Crew Academy

I realize that completing this course at Cabin Crew Academy does not guarantee me employment

50 % of the course fees must be paid on commencement of the course

I guarantee that all course fees will be paid in full 30 days after the commencement of the training course and I understand that NO final examination and licensing formalities will be allowed before the full settlement of the course fees

Student's Signature

Parent / Guardian Signature

Date