



INTERNATIONAL
**AVIATION
ACADEMY**
OF NEW ZEALAND
LIMITED

APPLICATION FORM

NZ Diploma in Flight Instruction and Instructor Rating Training Scheme



PERSONAL DETAILS:

Name: (as shown in passport) _____
(first name) (last name)

Preferred Name: _____
(first name) (last name)

Address: _____

Term Address: _____

Home Ph Number: _____ Cell Ph Number: _____

Email Address: _____

Date of Birth: _____

EMERGENCY CONTACT DETAILS:

In the event of an emergency, who do you want us to contact?

Name: _____ Relationship to you: _____

Contact Ph Numbers: Home Ph Number: _____

Work Ph Number: _____

Cell Phone Number: _____

Address: _____



STATISTICS

IAANZ student ID _____ National Student Identity No. _____

CAA No. _____

ELIGIBILITY

Funded applicants: (tick as appropriate)

- CPL and MEIR ATPLs complete before course start Valid class 1 medical

Non Funded applicants: (tick as appropriate)

- CPL 15 hrs instrument time Valid class 1 medical

All Applicants to fill out the following

Total time in aeroplanes _____

Total time PIC in Aeroplanes _____

Total instrument time _____

Total cross country time including 300nm _____

PRIOR LEARNING

Aircraft Types _____

NZCAA Theory Exams:

(ASL Username: _____ ASL Password: _____).

Exam	Mark	Exam	Mark	Exam	Mark

Please send the completed application form, along with a CV and cover letter, to IAANZ including copies of:

- CPL
- Medical
- MEIR (as applicable)
- ASL exam Transcripts

*International Aviation Academy of NZ
PO Box 14 006
Christchurch International Airport
Harewood
Christchurch
New Zealand
Attention: IAANZ Administrator*

Please note if you are a current or recent student of IAANZ it is not necessary to provide copies of the above.

You will receive notification of your application progress within 10 working days of it being received. If you have any questions regarding your application please feel free to contact us.

Email: iaanz@cac.co.nz

Phone: 0064 3 358 0477