



**APPLICATION FOR AN APPROVED TRAINING ORGANISATION AND CHANGE OF COURSE APPROVAL**

Please complete in **BLOCK CAPITALS** using black or dark blue ink.

**FALSE REPRESENTATION STATEMENT**

*It is an offence to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document.*

**1. APPLICANT DETAILS**

(a) Legal name of organisation: .....

Registration N<sup>o</sup>: .....

(b1) Trading name: (if any) .....

If NOT a company

(b2) Individual name: .....

(d) Address for Service:

.....  
.....  
.....  
.....

Tel: ..... Fax: ..... Email: .....

(e) Postal Address:

.....  
.....  
.....  
.....

Tel: ..... Fax: ..... Email: .....

(f) Authorised Representative:

Name: .....

Position in the Company: .....

Tel: ..... Fax: ..... Email: .....

- *If you are a not a Director or Company Secretary and have been authorised to sign the application form on behalf of the Company, proof of that authority must be provided with the completed application form.*
- *This application will be considered in respect of and, if appropriate, granted to, the Company Name as registered under the Company Number provided on this form.*

**2. APPLICATION**

Type of Application: Initial:  Change of Approval:  Others:

- **Initial Approval:** this should be ticked where an application is for 'Initial' approval under MCAR Aircrew Annex VII Regulation Part-ORA applicants and Registered Facilities wishing to obtain approval.
- **Change to Approval:** to be ticked when the application is for one or more courses/sites to be approved under MCAR Aircrew Regulation Annex VII Part-ORA or to an already approved under MCAR Aircrew Regulation Annex VII Part-ORA organisation.

Proposed Date Training to commence: ..... Total number of sites, to be approved: .....

3. ACCOMMODATION / FACILITIES				
Main Training Site Address; or				.....
Training Site Address (where a change to the Organisation approval is to include a new site or to include additional courses to a site).				..... ..... ..... .....
Facilities	Location, Size, Number of Rooms, Maximum capacity			
a) Details of Tenure of premises				
b) Lecture rooms/CBT Rooms				
c) Briefing cubicles				
d) Head of Training's office				
e) Chief Flight Instructor's office				
f) Chief Theoretical Knowledge Instructor's office				
g) Chief Synthetic Flight Instructor's office				
h) Flight Simulator Training Device bays				
i) Staff Room(s)				
j) Operations Room				
k) Flight Planning room(s)				
l) Student Rest Room(s)				
m) Lavatories Wash Room(s)				
n) Room(s) for administrative staff				
o) Library				
p) Examination room(s)				
q) Other amenities i.e. Syndicate rooms, laboratory etc.				
4. AERODROME PARTICULARS				
a) Name of Aerodrome and ICAO Designator				
b) Type of licence				
c) Hours of operation				
d) Night flying permitted				Yes No
e) Air Traffic Services provided				
f) Navigation Aids (not required for FI Restricted courses)				
g) Availability and scope of Meteorology information (regulation and Display)				
h) Airways Entry point (not required for FI restricted courses)				
i) If aerodrome is unlicensed, does it meet the requirements 'Safe Operating Practices at Unlicensed Aerodromes'				Yes No
5. TRAINING COURSES REQUESTED: AEROPLANES AND HELICOPTERS				
<ul style="list-style-type: none"> <li>• <b>Site No. 1</b> will always be the Main / Primary Training site and the address and contact details for this site should be clearly identified.</li> <li>• <b>Additional sites (i.e. Site Numbers 2 and onwards)</b> should be numbered in order of size/scale/scope of training at the site and Appendix A of the application form completed for each of these sites.</li> <li>• <b>New Site only (Variation to approval):</b> Please enter capital letter 'V' under Site Number column in tables below to reflect which courses are being requested for the new Site / Base (or where more than one new site being applied for, please enter V1 for first site variation, V2 for second site variation etc.).</li> </ul>				
<b>N.B.</b> Res = Residential course, DL = Distance Learning course				
Course Name	Tick if Req.	Please tick Aeroplane or Helicopter etc.	Site No. (see above)	Max. No. Students
LAPL		A H		
LAPL extension course		A H		
PPL		A H		
LAPL to PPL upgrade		A H		

Course Name	Tick if Req.	Please tick Aeroplane or Helicopter etc.	Site No. (see above)	Max. No. Students
LAPL inc. TMG to PPL upgrade		Aeroplane		
MPL		Aeroplane		
ATPL/IR Integrated		A H		
ATPL VFR Integrated		Helicopter		
ATPL Modular Flight		A H		
ATPL Modular Theoretical Knowledge		A H		
CPL/IR Integrated		A H		
CPL Integrated		A H		
CPL Modular Flight Training		A H		
CPL Modular Theoretical Knowledge		A H		
IR Modular Flight Training		Aeroplane		
IR Modular Theoretical Knowledge				
IR Modular Flight Training		Helicopter		
IR Modular Theoretical Knowledge				
Class Rating: Single Pilot Multi Engine Piston		Aeroplane		
MCC (Modular)		A H		
MCC combined with Type Rating(s)				
Class / Type specific courses				
Aerobatic Rating		Aeroplane		
Sailplane Towing Rating				
Banner Towing Rating		A H		
Night Rating		A H		
Other (please specify):				
<b>TRAINING COURSES REQUESTED: AEROPLANE AND HELICOPTER INSTRUCTOR COURSES</b>				
Course Name	Tick if Req.	Please tick Aeroplane or Helicopter etc.	Site No. (see above)	Max. No. Students
Flight Instructor		A H		
Class Rating Instructor SE		Aeroplane		
Class Rating Instructor ME				
Instrument Rating Instructor		A H		
Multi Crew Co-operation Instructor		A H		
Class / Type Rating Single Pilot Aeroplane		Seaplane		
Other (please specify):				
Course Name	Tick if Req.	Type and Category Aircraft or FSTD.	Site No. (see above)	Max. No. Students
Type Rating Instructor SPA				
Type Rating Instructor MPA				
Type Rating Instructor (H)				
Synthetic Flight Instructor				
Other (please specify)				
• Please use the EASA aeroplane and helicopter lists in respect of Class/ Type / Variant/Series etc.				
<b>TRAINING COURSES REQUESTED: AEROPLANE AND HELICOPTER EXAMINER COURSES</b>				
Examiner Courses	Tick if Req.	Type/Class	Site No. (see above)	Max. No. Students
TRE (A)				
TRE(H) SP ME				
TRE (H) MP ME				
Assessor of Language Proficiency in English				



6. TRAINING AIRCRAFT									
Type	Reg.	ADF/VOR etc.			Type	Reg.	ADF/VOR etc.		

7. SYNTHETIC FLIGHT TRAINING								
Course	Base	Manufacturer	Operator	Serial N° Approval N°	Level	Aircraft Represented	N° of Training Hours	N° of Sessions

8. GROUND INSTRUCTION EQUIPMENT	
Types of training equipment available e.g. model aircraft, overhead projector, sectioned instruments, and audio/recording equipment.	
<b>Equipment</b>	..... ..... ..... ..... .....
<b>Publications</b>	..... ..... ..... ..... .....
<b>Hard copy</b>	..... ..... ..... ..... .....

9. STAFFING AND INSTRUCTION			
Post/Position	Name	Full / Part time (FT or PT)	Instructor Approval
Accountable Manager			
Head of Training			
Deputy Head of Training			
Chief Flight Instructor			
Chief Theoretical Knowledge Instructor			
Quality Manager			
SMS Manager			
Chief/Principal Tutor			

<b>10. FACILITIES</b>	
<b>Name of Aerodrome and ICAO Designator</b>	
• A Floor Plan, clearly identifying name of site and including details of the purpose of individual rooms with relevant dimensions should be submitted with appropriate photos of each individual site / facility.	
<b>Facilities</b>	<b>Location, Size, Number of Rooms, Maximum capacity</b>
a) Details of Tenure of premises	
b) Lecture rooms / CBT Rooms	
c) Briefing cubicles	
d) Head of Training's office	
e) Chief Flight Instructor's office	
f) Chief Theoretical Knowledge Instructor's office	
g) Chief Synthetic Flight instructor's office	
h) Flight Simulator Training Device bays	
i) Staff Room(s)	
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k) Flight Planning room(s)	
l) Student Rest Room(s)	
m) Lavatories Wash Room(s)	
n) Room(s) for administrative staff	
o) Library	
p) Examination room(s)	
q) Other amenities	
<b>* If insufficient to complete any information on this form, please use a separate page(s) and attach.</b>	
<b>Declaration</b>	
This application is made for and on behalf of the organisation identified above. I certify that I am empowered by the organisation to ensure that all activities undertaken by the organisation can be financed and carried out to the standard required by the Civil Aviation Authority.	
I declare that to the best of my knowledge and belief the statements made and the information supplied in this application and the attachments are complete and correct.	
Name:	Signature:
Appointment:	Date: