

# **UAVAIR HSC VET Delivered Program**

# **Application Form for 2019 Course**

UAVAIR has partnered with the Department of Education under the External VET program (EVET) to deliver to our courses to students in school as part of their HSC pattern of study.

The student must complete all sections of the application form as it contains course information, student details, parent information and data collection mandatory from all RTOs to collect on behalf of AVETMISS data. This form cannot be processed until all fields are completed.

#### Course

The AVI30316 Certificate III in Aviation (Remote Pilot – Visual Line of Sight) reflects the role of a Remote Pilot – Visual Line of Sight working in the Aviation Industry. Successful achievement will require competency in units that relate to work defined as aligned at AQF level 3. This qualification has been structured to align with applicable aviation licensing and regulatory requirements in both the civilian and Defence contexts.

#### **Target Group**

This qualification is appropriate for those persons:

- Currently enrolled in NESA HSC courses
- 15- 19yr age group
- Inclusive participation including:
  - LLN students
  - Rural and remote
  - Language Background Other Than English (LBOTE)
  - Aboriginal and Torres Strait Islander (ATSI)
- Wishing to complete a Certificate III in Aviation RPAS remote pilot controllers Certificate as part of their qualifications
- Students seeking a future RPAS License to gain employment with in the UAS/RPAS industry.
- Students wishing to add a relevant technical qualification to their education portfolio.

### Students will receive the following credentials on completion of this course:

- Certificate III Aviation (Remote Pilot-Visual Line of Sight)
- Aeronautical radio operators Certificate (AROC)
- Remote Pilot Controllers Certificate

#### **Training and assessment arrangements**

This course is a 240hr course over 2 school years of face to face delivery. Delivered in one calendar year.

Written and practical assessments are set out in the Assessment Plan and Scope and Sequence sections of this document. Assessment evidence gathering techniques and events include practical tasks, observation, questioning, written activities, and may also involve third party reports from trainers and assessors.

Other methods of delivery could include distance education, video conferencing, online options, field visits and partnerships with other RTOs.

Schools can cluster together to form a class if they do not have enough numbers. UAVAIR can assist with the arrangement of this.

Personal Details	
1. Full name	
Family name (Surname)	
Given names	_
2. Have you had any other legal names in the past?	
3. Date of Birth	
Day/month/year	
4. Place of Birth	
5. Sex (Tick ONE box only)	
Male   M	
Female	
Unidentified	
6. Mobile number/contact number:	
7. Email address:	
8. Address	
Flat/unit details	
Street or lot number (e.g. 205 or Lot 118)	
Street name	
Suburb, locality or town	
State/territory	
Postcode	
9. What is your postal address if different from above?	
Building/property name	
Flat/unit details	
Street or lot number (e.g. 205 or Lot 118)	
Street name	
Suburb, locality or town	
State/territory Postcode	
Tosteoue	
Emergency Contact	
Please provide an English language speaking emergency contact. They may be a famil	y member.
Family Name	Dolationship
Family Name	Relationship
First Name(s)	
Address	
Telephone Number	
Email address	

Jnique Student Identifier (l	JSI)				
0. Unique Student Identifier (USI)					
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If you have not already obtained a	USI you can app	oly for one at: <u>ht</u> t	:ps://www.u	ısi.gov.au/stude	nts/create-your-usi
viation Reference Number	(ARN)				
1. Aviation Reference Number	'				
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You can apply for your individual A	RN on the CASA	website here : h	nttps://www	v.casa.gov.au/sta	andard-page/individual-aviat
reference-number-application		· · · · · · · · · · · · · · · · · · ·	1000000		
anguage and cultural					
2. In which country were you born?					
Australia					
Other – please specify					
(If more than one language	_				
No, English only					
Yes, other – please specify					
If you speak a language other than English,					
How well do you speak English?		☐ Very well	☐ Well	$\square$ Not well	☐ Not at all
How well do you write English?		☐ Very well	□ Well	$\square$ Not well	☐ Not at all
How well do you read English?		☐ Very well	□ Well	$\square$ Not well	☐ Not at all
Do you require help with English?		☐ YES	□ NO		
5. Are you of Aboriginal or Torres Str	ait Islander ori	gin?			
No					
Yes, Aboriginal					
Yes, Torres Strait Islander					
Yes, both					
Disability					
6. Do you consider yourself to have a	disability, imp	airment or long-	term condit	ion?	
· · · · ·		J			
Yes 🗆 Y					
No 🗆 N					

Hearing/Deaf		Learning		Vision	
Physical		Mental Illness		Medical condition	
Intellectual		Acquired brain impairment		Other	
8 Do you require assistance f	or this disability	impairment or long-term condition?	,		·
	_	EVET Student Profile Form 2019" wit		ation	
No □.N	•				
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9. Support statement as to wl	ny the student wo	ould like to enrol in the course			
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(Permission by Individuals to collect relevant information for the development of training and for reporting to the Department of Education and Training)

Basair Aviation College would like to include information received from training participants in the monitoring and evaluation of our training delivery and assessment performance. The Department of Education and Training (DET) may conduct additional evaluation procedures based upon information collated by this registered training organization (RTO). Monitoring and evaluating may involve direct contact with the training participants (incl. Students) and Basair, their employees and their industry clients.

The outcome of any monitoring and / or evaluation will be used by Basair and / or the Department for internal management purposes only. Any information concerning an individual trainee will not be disclosed to the public.

To be able to participate in this evaluation we will need this form signed by each trainee as consent to:

- a) being contacted by DET for the purpose of monitoring & evaluation
- b) using results in the evaluation of the outcomes of the delivery

For those trainees who are under 18 and asked to participate in this evaluation we require your Parents or Legal Guardians to additionally sign on your behalf.

### Student Declaration

I authorise UAVAIR/Basair Aviation College to contact me by SMS, Email or phone.

I authorise UAVAIR/Basair Aviation College to verify any information I have provided on this form.

I give UAVAIR/Basair Aviation College permission to obtain official records / confirm details from a previous educational institution attended by me listed on this form.

I understand when my tuition fees are due and the amount owing for each instalment. I also understand that if tuition fees are not paid in full on the correct date that my training will cease until these tuition fees are paid.

I am aware I can obtain additional copies of the Student Handbook, Policies, Procedures and Marketing Information from the UAVAIR/Basair

Aviation College WEBSITE: www.basair.edu.au

I authorise UAVAIR/BASAIR Aviation College to apply (pursuant to sub-section 9(2) of the Student Identifiers Act 2014) for a USI on my (son/daughter's) behalf. I have read and I consent to the collection, use and disclosure of my/their personal information pursuant to the information detailed at <a href="http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx">http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx</a>

I am aware that I can apply to the USI Registrar for an individual exemption from the USI scheme for genuine personal reasons. <a href="https://www.usi.gov.au/about/privacy-and-unique-student-identifier/individual-exemptions-students">https://www.usi.gov.au/about/privacy-and-unique-student-identifier/individual-exemptions-students</a>

I give permission to have my photo taken for promotional use only.  $\square$  Y Yes No  $\square$  N Signature of Applicant: Date: School Declaration I support this student's application form and am aware that this does not guarantee them a place in the course. **School Contact Person:** School contact person position: Email details: Phone details: Supports this student's application and recognises that they meet the criteria provided PLEASE CIRCLE YES NO If the student has a disability, please provide details in ways we can support that student to be successful in the course. Please attach a copy of an "EVET Student Profile Form 2019" which will outline what level of support and types of support are required so that we can accommodate the student's needs. Parent Declaration I support this student's application form and am aware that this does not guarantee them a place in the course. I am aware of the course delivery times and that I am responsible to ensure that my student travels safely home from the course and it is not the responsibility of the RTO UAVAIR /Basair to ensure the student has appropriate transportation. STUDENT NAME: SIGNATURE: PARENT/LEGAL GUARDIAN: SIGNATURE: DATE: Basair Australia Pty Ltd **UAVAIR Pty Ltd** ABN No.: 82 060 972 063 ABN No.: 4416778463

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