

INTERNATIONAL APPLICATION FORM Aviation Competence Centre

2010/2011

PERSONAL DETAILS

Surname		
First names		
Given name		
Sex	Male	Female
Date of Birth	Country of Birth	Town
Date of Arrival into the Netherlands of Non Dutch Citizens	Dutch Citizens	
Nationality/Nationalities	Social Security Number	
Address	Zipcode	
Town	Municipality	
Phone Number	secret: yes/no	
Mobile phone	Phone at Work:	
E-mail:		
Giro/Bank account number		
Name of Spouse (if applicable)	Prefixes:	
Country of Birth Father:	Country of Birth Mother:	

2. PERSONAL DETAILS PARENTS/GUARDIANS/CONTACT PERSON

(In case of student being under 18 years old)

Surname:	Initials:
Address:	Date of Birth:
Zipcode:	Place of Birth:
Telephone Number:	secret: yes/no
Relationship:	Father Mother Guardian(s) Other:
E-mailadres:	Mobile Phone

Leeuwenborgh Opleidingen will share this information with cooperating parties.

3. INFORMATION ABOUT LAST EDUCATION BEFORE APPLICATION

Training:	Year	Qualified: yes/no
Section:		
Name of Institution:		
Address:	Zipcode:	
Phone:	Name of Contact Person:	
Date of Start:	Finished:	

4. APPLICATION FOR VOCATIONAL TRAINING

Name of Training:		
<input type="checkbox"/>	94400 Vliegtuigonderhoudstechniek, Full time level 3 / cat. A	Aircraft Maintenance
<input type="checkbox"/>	94411 Vliegtuigonderhoudstechniek, Full time level 4 / cat. B1 Mechanical	Aircraft Maintenance
<input type="checkbox"/>	94412 Vliegtuigonderhoudstechniek, Full time level 4 / cat. B2 Avionics	Aircraft Maintenance
I would like to take part at a more experienced level		

5. STUDY AND IMPEDING FACTORS (PHYSICAL HANDICAPS ETC.)

Answering these questions is of great importance: School will offer extra support in case of handicaps (handicaps, dyslexia or other)

impediments

The information given will be of no influence on admission.

Are you in need of extra support to follow this vocational training?

Yes, I would like to have extra support/provisions

No, I don't need any extra support/provisions

Official documents related to these impediments

Yes I have documents

No, I don't have any of these documents

(please add copies to application)

6. EMPLOYER (only in case of part time education)

Name of Employer	Start		
Address:			
Zipcode:	Town:		
PO Box:	Postal code :	Phone:	
Contact Person:		Phone:	
Occupation / Function:			
Number of Working Hours:	Shifts:	0 yes	0 no

7. OTHER

Company / Institution:		Contact Person:	
Address:		Town:	
Zipcode:		Phone:	
Date:		Signature:	
Payment:	Giro/Bank Account Number:		

8. SIGNATURE

The undersigned agree that relevant information from former schooling or practice will be requested and provided

Signature Student

Signature Parent / Guardian (only in case of minority)

Date:	Date:
Application form without date and signatures will not be accepted	

Please send completed application form to:

Aviation Competence Centre
Vliegveldweg 170
6199 AD Maastricht-Airport

From 6th September: New Adres

Aviation Competence Centre
Horsterweg 13
6199 AC Maastricht-Airport

Including a copy of:

Diploma and list of levels
Latest school report (if not graduated/qualified)
Results of school examinations (if not graduated/qualified)