Pearson-BTEC

Personal Details

Name *

-Select-

Title   *First Name*   *Last Name*

Date of Birth *

dd-MMM-yyyy

Occupation *

Nationality *

Country of Residence *

Visa Status *

Contact Details

Mobile Number *

+971

Email ID *

Address *

Street Address

Address Line 2

City   *State/Region/Province*

-Select-

Country

Parents/ Guardians Details

Father's Name *

First Name   *Last Name*

Father's Occupation *

Father's Phone *

Father's Email *

Mother's Name *

First Name   *Last Name*

Mother's Occupation *

Mother's Email *

Mother's Phone *

Emergency Contact

Name

First Name   *Last Name*

Mobile Number

Email ID

-Select-

Applying For

Course of Interest? *

☐ Level 3 Extended Diploma in Aeronautical Engineering

☐ Level 4 Higher National Certificate in Aeronautical Engineering

☐ Level 5 Extended Diploma in Aeronautical Engineering

Fees for Registration

* Registration fees, visa charges and 1st instalment min USD 1,500

Academic Background (Secondary or Higher Education)

Institute Name *	Education Level *	Subject/Specialisation *	% Score *	Year of

Work Experience (if any)

Name of Organisation	Job Title	Address	Start Date	End Dat
			dd-MMM-yyyy	dd-MMM-

Medical History

Do you have any medical condition ?

-Select-   ⌄

If yes, please explain

Refund Policy

If the student wishes to leave the program due to any reason(s) after the registration, no refunds will be provided in terms of any fee paid for the registration, visa arrangements or previous installment(s).

NEXT STEP: I ask that you confirm this application form along with the USD 5,000 admission fee and the completed documents.

First Installment should be paid to the following bank account

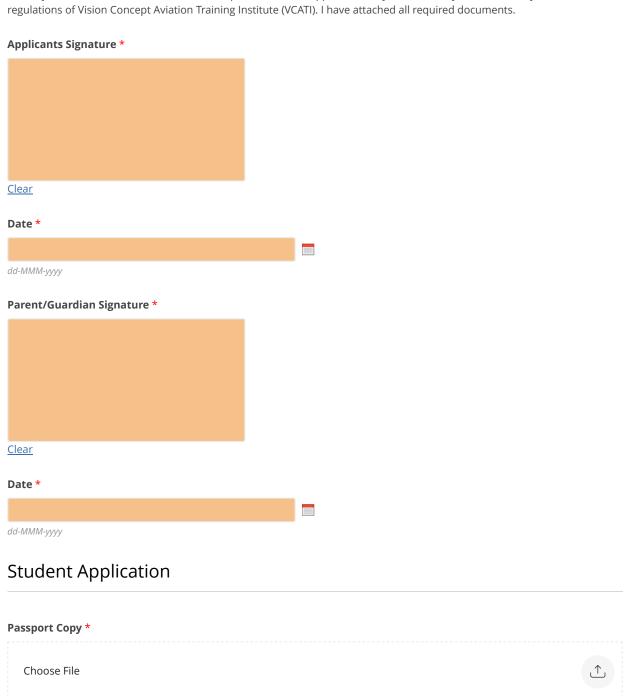ACCOUNT NAME: VISION CONCEPT AVIATION TRAINING INSTITUTE
BANK NUMBER: ABU DHABI COMMERCIAL BANK
BRANCH: Al Rigga Branch, Dubai, UAE
ACCOUNT NUMBER: 11431145920001
IBAN NO: AE330030011431145920001
ACCOUNT TYPE: CURRENT ACCOUNT
SWIFT CODE: ADCBAEAA

Declaration

I hereby declare that I have answered all the questions in this application fully and truthfully. I shall abide by the rules and regulations of Vision Concept Aviation Training Institute (VCATI). I have attached all required documents.

Applicants Signature *

Clear

Date *

dd-MMM-yyyy

Parent/Guardian Signature *

Clear

Date *

dd-MMM-yyyy

Student Application

Passport Copy *

Choose File

Last Educational certificate Achieved *

Choose File

Last Educational Transcript *

Choose File

Scanned Photograph - white background *

Choose File

Document Checklist *

☐ A Cleared scanned copy of Student's International passport

☐ Last Educational certificate Achieved

☐ Last Educational Transcript

☐ A Cleared scanned copy of Passport Photograph (white background)

Please tick the above boxes to confirm the documents submitted.

For Official Use Only

Admission Committee

Admission Number

Director's Remarks

Fee Package

Signature

[Clear](#)

Date

dd-MMM-yyyy

Submit