



**APPLICATION AND REVALIDATION FOR  
 APPROVAL OF CABIN CREW INITIAL TRAINING ORGANISATION**

*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. ORGANISATION DETAILS**

Organisation name: .....

Address: .....

..... Postcode: .....

Telephone number: ..... Fax number: .....

E-mail address: ..... Website: .....

Owner's address (if different from above): .....

.....

..... Postcode: .....

Company Registration No. (if applicable) .....

**2. ADDITIONAL TRAINING SITES**

Name: .....

Address: .....

..... Postcode: .....

Name: .....

Address: .....

..... Postcode: .....

**3. APPLICATION OR REVALIDATION (DELETE AS APPLICABLE)**

I am applying for:  Initial Application  Revalidation

4. MANAGEMENT STRUCTURE		
Post	Name	Qualification/Experience Relevant to Post
Head of Training		
Deputy Head of Training		
Quality Manager		
5. INSTRUCTING STAFF		
Name		Subject(s)
6. ACCOMMODATION		
Type	Location, size, number, capacity	
Details of Tenure of premises		
Classrooms		
Other accommodation		
Staff rooms		
Rest rooms		
7. Declaration of Applicant		
<p>I declare that the information provided on this form is correct.</p> <p>I will notify the Authority of all changes to the information provided.</p> <p>Signature: ..... Date: .....</p> <p>Name (block capitals): ..... Position: .....</p>		
8. CHECKLIST		
<p>Please find below a checklist for your assistance with regard to submission of your application. Items missing will delay your application.</p> <p>Training Manual* <input type="checkbox"/> Operations Manual* <input type="checkbox"/> Quality Manual* <input type="checkbox"/> Samples of exams* <input type="checkbox"/></p> <p><i>* Not required for applications for revalidation unless changed since previous submission</i></p>		