

# APPLICATION FORM

(Fellowships for LACAC Member States)  
Please complete form in English

Programme Title:

Programme Date:

## APPLICANT'S PERSONAL PARTICULARS

Name (as in passport & underline surname) :

Title : Mr / Mrs / Ms / Others (please specify)

Gender : Male / Female

Passport Number :

Country of Citizenship :

Date of Birth (dd/mm/yyyy) :

Age :

Race:

Job Title/Designation :

Division/Section :

Organisation :

Mailing Address :

Country :

Tel (Office):

(include country & area code)

Tel (Mobile) :

(include country & area code)

Fax:

(include country & area code)

Email :

Residential Address :

Country :

Tel (Office):

(include country & area code)

Tel (Mobile) :

(include country & area code)

Fax:

(include country & area code)

Email :

## EDUCATIONAL BACKGROUND

Please also include technical/specialised training.

Institution/Country	Qualification Attained	From (Month/Year)		To (Month/Year)	

## WORK EXPERIENCE

In reverse chronological order, starting with your present position.

Name of Organisation	Job Title/Designation	From (Month/Year)		To (Month/Year)	

## JOB DESCRIPTION

Describe your present role, duties and responsibilities


## EXPECTATION FROM TRAINING

Describe your expectations from participation in this training programme


Former Training in Singapore (Yes/No):

## ENGLISH LANGUAGE PROFICIENCY

Please do a self-assessment of your English language proficiency below by ticking the box

	Excellent	Good	Fair	Poor
Listening				
Speaking				
Writing				
Reading				

Before submitting the application form, Nominating Government should complete and endorse a 1-page Nomination Form. Please click [here](#) to download the Nomination Form. The completed Nomination Form needs to be submitted as part of the application. All applications should be submitted by the stated closing dates. A copy of the passport page with personal particulars and passport-sized photography needs to be submitted as well.

## AUTHORISING OFFICER/SUPERVISOR'S PARTICULARS

To be completed by authorising officer/supervisor.

Name :	
Job Title/Designation :	
Division/Section :	
Organisation :	
Mailing Address :	
Country :	
Tel (Office): <i>(include country &amp; area code)</i>	Tel (Mobile) : <i>(include country &amp; area code)</i>
Fax: <i>(include country &amp; area code)</i>	Email :

Name of Director General/CEO :	
Mailing Address :	
Country :	
Tel (Office): <i>(include country &amp; area code)</i>	Tel (Mobile) : <i>(include country &amp; area code)</i>
Fax: <i>(include country &amp; area code)</i>	Email :

## COMMENTS AND OBSERVATIONS ON APPLICANT

To be completed by authorising officer/supervisor.

### a. Reasons for applicant selection


### b. Post applicant will be required to fill upon satisfactory completion of training


### c. Relevance of training to applicant's job


**DECLARATION BY AUTHORISING OFFICER/SUPERVISOR**

On behalf of my organisation, I authorise the applicant to attend the above programme and declare that :

- I have examined the educational, professional and other certificates quoted by the applicant of this form, and I am satisfied that they are authentic and related to the applicant.
- The applicant's knowledge of spoken and written English is sufficient for him/her to fully understand the programme proceedings for which he/she is being selected.
- The applicant meets all the admission requirements for this training programme.
- The applicant is medically fit and free from infectious diseases, as well as fit enough to travel to/from Singapore and remains in Singapore for the duration of the training programme. A medical report is attached (required for programmes with duration of more than four weeks).

\_\_\_\_\_  
Signature of authorising officer/supervisor

\_\_\_\_\_  
Date

***The Application Form should be completed in duplicate and a copy each, sent by fax or mail by the application closing dates, to the LACAC Secretariat and SAA:***

Secretariat  
Latin American Civil Aviation Commission  
V́ctor Andŕs Belaúnde 147  
Edificio Real Cuatro-Centro Empresarial Real  
San Isidro, Apartado Postal 27032  
Lima, Peru  
Tel: (511) 422 6905 / 422 9367  
Fax : (511) 422 8236  
Email : clacsec@lima.icao.int

Head (Course Administration)  
Singapore Aviation Academy  
1 Aviation Drive  
Singapore 499867  
Tel : (65) 6540 6210 / 6543 0433  
Fax : (65) 6542 9890 / 6543 2778  
Email : saa@caas.gov.sg