

## AVIATION SITE AND CAPACITY DECLARATION FORM

### Section 1: Provider declaration

#### Part 1: To be completed by the provider

PROVIDER DETAILS	
<b>Provider legal name</b>	
<b>NTIS provider code</b>	
<b>CRICOS provider code</b>	
<b>Air Operator's Certificate (AOC) number and expiry date</b>	dd/mm/yy
<b>We are seeking to:</b>	<input type="checkbox"/> Expand scope of registration <input type="checkbox"/> Increase capacity of operations
<b>Proposed number of aircraft movements per annum</b>	
<b>Date of existing capacity approval</b>	dd/mm/yy
<b>Qualification/s this application relates to:</b>	<input type="checkbox"/> Certificate IV in Aviation (Commercial Pilot Aeroplane Licence) AVI40108 <input type="checkbox"/> Certificate IV in Aviation (Commercial Pilot Helicopter Licence) AVI40208 <input type="checkbox"/> Diploma of Aviation (Instrument Flight Operations) AVI50408

QUALIFICATION	NUMBER OF STUDENTS CURRENTLY ENROLLED (in AVI08 equivalent)	ACTUAL NUMBER OF WEEKS OF TUITION	PROPOSED NUMBER OF ENROLMENTS <sup>1</sup>
Certificate IV in Aviation (Commercial Pilot Aeroplane Licence) AVI40108			
Certificate IV in Aviation (Commercial Pilot Helicopter Licence) AVI40208			
Diploma of Aviation (Instrument Flight Operations) AVI50408			
<b>CEO to certify that the information provided on this form is true and correct:</b>			
<b>Name of CEO</b>			
<b>Date</b>			
<b>Signature of CEO</b>			

## Part 2: To be completed by Aviation authorities

The provider must obtain a signature from each authority listed below.

Aviation Authorities Acknowledgement	
<b>A/Manager Flying Standards Branch Operations Division Civil Aviation Safety Authority GPO Box 2005 Canberra ACT 2601 (02) 9780 3050</b>	I acknowledge that I have sighted this application.  Roger Weeks  Signature _____ Date _____
<b>General Manager Aviation Bankstown Airport Limited 3 Avro Street Bankstown Airport NSW 2200 (02) 8709 9407 (if this form is in relation to an airport other than Bankstown insert relevant details).</b>	I acknowledge that I have sighted this application.  Mario Bayndrian  Signature _____ Date _____

**NOTE:** If any of the above authorities wish to discuss this application, please contact the Director VETAB on telephone number (02) 9244 5429.

## Section 2: Site Facilities and Equipment

This section to be completed by the provider

A site visit to verify the information provided is accurate and meets industry expectations will be conducted by an Industry Expert.

One checklist must be completed for every site the provider will be using for delivery of training and / or simulated assessment activities. If the provider operates over multiple sites, a checklist must be completed for every site. One site is equivalent to one airfield. Please identify numerically the total number of fixtures and equipment that are present on site.

SITE DETAILS			
Name and location of airfield			
This is airfield (e.g. 2 of 3)		of	
This airfield used for		<input type="checkbox"/> Training <input type="checkbox"/> Assessment	
Operational flying school			
Fixtures and large equipment – please enter quantity			
	Training aircraft		
	Classroom/s		
	Debriefing room/s		
	Simulator/s		
Small Equipment – please enter quantity			
Other Considerations			
Industry Expert to complete			
Total number of training aircraft available on site			

### Section 3: RTO Student Capacity per site (location/airfield)

The training provider is to complete Part A of the table below for each site listed in Section 2

The information provided in this table will be verified by a site inspection conducted by an Industry Expert (particularly in relation to **A: Student Capacity**, determined below). To determine the provider's student capacity per site VETAB will perform a calculation based on the formulas:

1.  $A = B \times C \div D$

2.  $A \leq E \times F \div G$  (note 'A' cannot exceed this formula. Where this occurs 'A' is limited to the results of this formula).

- where:**
- A** = Student capacity (how many students can use the location/airfield in a year)
  - B** = Flying instructors flying hours per annum (maximum capacity is 900 hours CAO 48.1 refers)
  - C** = Number of flying instructors (provider to include breakdown of instructor grades i.e. 10 x grade3, 5 x grade 2, 2 x grade 1, 1 x CFI for each site at annex A)
  - D** = Staff instructional hours per student
  - E** = Aircraft flying hours per annum (based on aircraft records)
  - F** = Number of aircraft (provider to include breakdown of aircraft types and hours per type at annex B)
  - G** = Required flying hours per student (this includes both solo and dual hours)

PART A: TO BE COMPLETED BY PROVIDER								PART B	
	Name, location and qualifications delivered	Staff flying hours per annum (B)	Number of flying instructors (C)	Staff instructional hours per student (D)	Aircraft flying hours per annum (E)	Number of aircraft (F)	Required flying hours per student (G)	Student Capacity (how many students can use the site in a year) (A)	
Site 1 (example)	Sample: 2 Aerodrome Circuit, Bankstown Airport, AVI40108	900	12	100	1800	12	200	<b>Provider</b> 108	<b>TLISC</b> 108
Site 1									
Site 2									
Site 3									
Site 4									
<b>TOTAL CAPACITY OF STUDENTS ACROSS ALL RTO SITES FOR THIS QUALIFICATION</b>									

## Annex A: RTO Flight Instructor breakdown

BREAKDOWN BY FLIGHT INSTRUCTOR GRADE: TO BE COMPLETED BY PROVIDER				
Locations	Instructor Grade	Number of full time instructors	Number of part time instructors	Comments
Site 1:	Chief Flying Instructor			
	Grade 1 Flight Instructor			
	Grade 2 Flight Instructor			
	Grade 3 Flight Instructor			
	<b>Total instructor capacity</b>			
Site 2:	Chief Flying Instructor			
	Grade 1 Flight Instructor			
	Grade 2 Flight Instructor			
	Grade 3 Flight Instructor			
	<b>Total instructor capacity</b>			

## Annex B: RTO Aircraft Type breakdown

BREAKDOWN BY AIRCRAFT TYPE: TO BE COMPLETED BY PROVIDER						
Locations	qualifications delivered	Aircraft flying hours per annum	Number of aircraft		Aircraft/simulator type	Allocated hours per qualification
			Owned	Leased		
Site 1:						
Site 2:						

**NOTE:** For leased aircraft please provide documents relating to aircraft leasing arrangements.

## Section 4 To be completed by the Industry Expert

<p><b>Facilities and equipment are adequate and meet industry expectation</b></p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No          Comment:</p>
<p><b>Recommended student capacity for each qualification (see section 3)</b></p>	
<p><b>Comment on trainer/assessor qualifications, licences and ongoing personal development</b></p>	
<p><b>Additional comment (<i>any additional information you wish to bring to VETAB's attention</i>)</b></p>	
<p><b>Name</b></p>	
<p><b>Date</b></p>	
<p><b>Signature</b></p>	

**Please forward the completed form to:** Attention: Sandy Thompson, VETAB, Locked Bag 21, DARLINGHURST NSW 1300 or fax 02 9244 5344.