



## DOCUMENTS TO SUBMIT ALONG WITH YOUR APPLICATION:

- Original NRIC and Birth Certificate / New Citizen Certificate (If applicable)
- Latest results transcript (GCE "O" Level/ITE/JC/Poly)
- 1 coloured passport sized photos taken against a white background within the last 3 months
- Eyesight Prescription (If Applicable)

## CONSENT & UNDERTAKING

To : The General Manager, Singapore Youth Flying Club

Participation in organised courses and activities conducted by Singapore Youth Flying Club

Dear Sir/Mdm,

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
*(name of parent/guardian as in NRIC)* *(name of applicant as in NRIC)*

understands that the Singapore Youth Flying Club (hereinafter referred to as SYFC) conducts courses that entail activities such as flying training on our DA40 aircraft, ground training and lectures, visits to aviation-related facilities, and other social activities associated with character development. While there may be risks arising from participating in such activities, I am aware that SYFC will take the necessary precautions to ensure the safety of participants when conducting such activities. I am also aware that if my child/ward has any medical condition that may be adversely affected by taking part in these activities, my child/ward should not take part in them.

I, having fully understood the above stated description of SYFC courses and the associated risks, hereby voluntarily consent my child/ward to participate in the stated activities. I shall be solely responsible for any decision as to my child/ward's fitness to participate in the said activities and to fly onboard the SYFC aircraft. My child/ward understands that compliance with all instructions given by the crew during the conduct of the activities is mandatory, and any failure to comply with such instructions may result in my child/ward being removed from the activities.

With respect to my child/ward's participation in SYFC flight training, I understand it is required of my child/ward to attend all training activities. In the event that he/she decides to withdraw his/her application after being sent for the initial medical check-up or withdraw from the course without completing Basic Flying Course Phase 1, I shall reimburse SYFC the full medical cost at the prevailing rates incurred on him/her during his/her application.

My child/ward has fully understood the above and that participation in SYFC Basic Flying Course requires his/her commitment to:

- Attend all training sessions during ground school
- Commit to two or more flight training sessions in a week
- Complete at least Basic Flying Course Phase 1

\_\_\_\_\_  
Applicant's Name / Signature

\_\_\_\_\_  
Parent/Guardian Name / Signature

# SYFC BASIC FLYING COURSE APPLICATION FORM

Note: Please ensure that all fields in this form are duly completed prior to submission.

## PERSONAL PARTICULARS

Name (As per NRIC) \_\_\_\_\_

NRIC no. \_\_\_\_\_ Gender M / F

Date of birth \_\_\_\_\_ (DDMMYYYY) NAPFA \_\_\_\_\_ in \_\_\_\_\_ Grade \_\_\_\_\_ Year \_\_\_\_\_

Citizenship \_\_\_\_\_ Religion \_\_\_\_\_

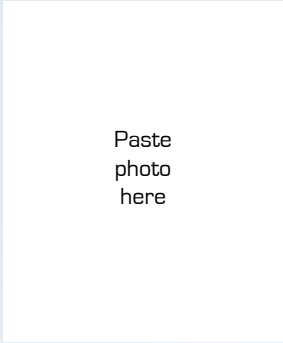
Country of birth \_\_\_\_\_ Race \_\_\_\_\_

Vision L \_\_\_\_\_ R \_\_\_\_\_ Height \_\_\_\_\_ M

Astigmatism L \_\_\_\_\_ R \_\_\_\_\_ Weight \_\_\_\_\_ KG BMI \_\_\_\_\_

Home Address \_\_\_\_\_ S \_\_\_\_\_

HP No. \_\_\_\_\_ Email address \_\_\_\_\_ Home Tel No. \_\_\_\_\_



## EDUCATION PARTICULARS

Tertiary school \_\_\_\_\_ Year \_\_\_\_\_ in \_\_\_\_\_ Year of study \_\_\_\_\_

Course \_\_\_\_\_

Secondary school \_\_\_\_\_ CCA grade \_\_\_\_\_

CCA \_\_\_\_\_ Appointment \_\_\_\_\_

Primary school \_\_\_\_\_

SUBJECTS	PRELIM	"O" LEVEL	FINAL YEAR	SUBJECTS	PRELIM	"O" LEVEL	FINAL YEAR
English							
Mathematics (A/E)							
Science (Ph/Ch/Bio)							

LIR5/LIB4 \_\_\_\_\_ GPA \_\_\_\_\_ MSG \_\_\_\_\_ Others \_\_\_\_\_

## FAMILY PARTICULARS

Name (As per NRIC) \_\_\_\_\_

Relation **Father** NRIC no. \_\_\_\_\_ Date of Birth \_\_\_\_\_ (DDMMYYYY)

Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Name (As per NRIC) \_\_\_\_\_

Relation **Mother** NRIC no. \_\_\_\_\_ Date of Birth \_\_\_\_\_ (DDMMYYYY)

Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Name (As per NRIC) \_\_\_\_\_

Relation **Bro/Sis** NRIC no. \_\_\_\_\_ Date of Birth \_\_\_\_\_ (DDMMYYYY)

Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Employer/School \_\_\_\_\_

Name (As per NRIC) \_\_\_\_\_

Relation **Bro/Sis** NRIC no. \_\_\_\_\_ Date of Birth \_\_\_\_\_ (DDMMYYYY)

Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Employer/School \_\_\_\_\_

Name (As per NRIC) \_\_\_\_\_

Relation **Bro/Sis** NRIC no. \_\_\_\_\_ Date of Birth \_\_\_\_\_ (DDMMYYYY)

Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Employer/School \_\_\_\_\_

Name (As per NRIC) \_\_\_\_\_

Relation **Bro/Sis** NRIC no. \_\_\_\_\_ Date of Birth \_\_\_\_\_ (DDMMYYYY)

Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Employer/School \_\_\_\_\_

### Passport And Citizenship Declaration

I declare that I and my family members are HOLDING / NOT HOLDING any other passports and citizenship. If yes please indicate :

Country/Citizenship \_\_\_\_\_ Held by \_\_\_\_\_

Country/Citizenship \_\_\_\_\_ Held by \_\_\_\_\_

In case of emergency, please contact 1. \_\_\_\_\_ at \_\_\_\_\_  
Name Contact No.

\_\_\_\_\_ Email Address

2. \_\_\_\_\_ at \_\_\_\_\_  
Name Contact No.

\_\_\_\_\_ Email Address

I declare that all information given is true and accurate, and I authorise SYFC to collect, use, store and release my personal data provided in this application form for security screening purpose, to the Republic of Singapore Air Force for recruitment purpose. I give my consent to SYFC to publish photos or videos taken of me during events and activities held by or at SYFC, for marketing and publicity purposes.

\_\_\_\_\_  
Applicant's Signature/Date

### FOR OFFICIAL USE

Recruitment source \_\_\_\_\_ Date of SC \_\_\_\_\_  Medical date \_\_\_\_\_

Application date \_\_\_\_\_ Date APD \_\_\_\_\_  ACES \_\_\_\_\_

AF number \_\_\_\_\_ Date  \_\_\_\_\_  CAAS \_\_\_\_\_

Date of interview \_\_\_\_\_  Course \_\_\_\_\_ Normal Colour Vision **Y | N**

Remarks \_\_\_\_\_

## LET US KNOW YOU BETTER

### Your interest in flying ...

1. How did you develop an interest in flying and what have you done to keep that interest alive?

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2. If selected for the course, what problem(s) do you anticipate you will face and how will you solve them?

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### Your parent's opinion ...

3. What is their opinion of you joining SYFC Basic Flying Course?

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### Your other interests, hobbies and CCAs ...

4. Do you have any aviation experience?

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5. What are your hobbies?

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6. Do you play any sports/games? What level do you play?

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7. Have you won any awards, prizes/medals as a student?

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8. Date & duration of your internship? \_\_\_\_\_ 9. Date of any overseas trip? \_\_\_\_\_

### Your career plan ...

10. Have you applied for a job with the SAF? Y / N

Vocation \_\_\_\_\_ Outcome \_\_\_\_\_

11. Have you attended the following:

Compass Test Y / N Date \_\_\_\_\_ Result \_\_\_\_\_

PES Check-up Y / N Date \_\_\_\_\_ PES \_\_\_\_\_

12. Would you consider a career as a pilot in the RSAF Y / N

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13. What are your other career options?

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\_\_\_\_\_  
Applicant's Name / Signature