



**Air Training Corps  
RNZAF Flying Immersion  
Application Form**

Name: \_\_\_\_\_ Squadron: \_\_\_\_\_

**Notes for completion:**

1. This form is to be used only for Flying Immersion applications.
2. Attention to detail, correct and legible completion is required.
3. **This NZCF 26 is to be uploaded as an attachment to your nomination on CadetNet.**
4. Attach to this form, or upload into CadetNet separately, your National Aviation Course (Power) course report, which must include a clearance from the Chief Flying Instructor (CFI) to apply for the RNZAF Flying Immersion.
5. Applications are to be submitted on CadetNet, allowing enough time for NOK, CUCDR, and CFTSU to action the application before the Nom Close Date detailed in the NZCF Annual Training Plan. **Late nominations will not be accepted.**



**NZCF COURSES AND UNIT CAMPS ATTENDED:**

11. List NZCF Courses and Unit Camps Attended: (Include Staff & Student Positions).

Year	Course / Camp Name	Qualification	Year	Course / Camp Name	Qualification

**REASON FOR APPLICATION**

12. Why do you consider that you should be selected for the RNZAF Flying Immersion, and state why you want to join the RNZAF as Aircrew.

Use a separate sheet if required and include that in your uploaded application on CadetNet.

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## PART TWO: PARENT/GUARDIAN/CAREGIVER CONSENT

13. Parent/Guardian/Caregiver:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_  
\_\_\_\_\_  
(If different to that on the application in CadetNET)

14. I certify that should my son/daughter/ward be selected for the RNZAF Flying Immersion they have my consent to engage in flying training in civilian or military training aircraft.
15. I acknowledge that I am responsible for arranging any desired personal insurance cover and for the costs associated with flights, including obtaining an MD1170 Medical Certificate, the final part of which goes to (through the Course Manger) the RNZAF Aviation Medical Officer to confirm eligibility to attend course.

Note: Be aware, there will be a Fitness to fly Medical Assessment conducted upon arrival. This is specifically related to the Texan. Accepted students can still attend the course, but the result of this assessment may restrict or negate them from flying the Texan. The Cse Manager will also detail this to successful applicants after the Acceptance Minute is released.

16. On occasion (not always), the RNZAF Unit(s) responsible for this course, may head to another location in New Zealand to support an exercise or event, which could include the students of Flying Immersion. In order for RNZAF to put students up in accommodation (if required) please provide your Bank Account details:

Bank: \_\_\_\_\_

Account Name: \_\_\_\_\_

Acc No.:

Parent/Guardian/Caregiver: \_\_\_\_\_ Date: \_\_/\_\_/\_\_  
(Sign)

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**PART THREE: STUDENT QUESTIONNAIRE**

17. Surname: \_\_\_\_\_ Initials: \_\_\_\_\_

Rank: \_\_\_\_\_ Squadron: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_

Cell Phone: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

Height (cm) \_\_\_\_\_ Weight (Kg) \_\_\_\_\_

**18. FORMAL FLYING TRAINING EXPERIENCE:**

Power Aircraft: Hrs. \_\_\_\_\_

Gliders: Hrs. \_\_\_\_\_

Aircraft Types Flown:

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19. Applicant's Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

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## PART FOUR: UNIT COMMANDER'S RECOMMENDATION AND DECLARATION

20. Cadet \_\_\_\_\_ has been in the ATC for  
(Name)  
\_\_\_\_\_ years \_\_\_\_\_ months

21. My recommendation is:

### DECLARATION:

22. I declare that to the best of my knowledge the information in this application, and the information supplied on the Student Questionnaire in Part Three of this application is correct, and the applicant meets the NZCF eligibility criteria.

Name: \_\_\_\_\_ Rank: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cadet Unit Commander: \_\_\_\_\_ SQN, ATC