TIF Award Permissions Form

Once completed, the student applicant must upload this permission form to their online application at

Trial Instructional Flight Application – Aerospace Gateway Schools

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Student Name **School**

TEACHER OR HEAD OF DEPT (HOD) ENDORSEMENT

Teacher/HOD Name Role

Email Phone

I support this student's application for the award of a fixed wing or rotary trial instructional flight experience.

Teacher/HOD Signature

Please include any additional comments for the judging committee below:

PRINCIPAL ENDORSEMENT

Principal Name

Email Phone

I support this student's application for the award of a fixed wing or rotary trial instructional flight experience.

Principal Signature

PARENT/GUARDIAN ENDORSEMENT

Parent/Guardian Name Relationship

Email Phone

I support my child's application for the award of a fixed wing or rotary trial instructional flight experience provided by the Honourable Company of Air Pilots Australian Region. I have read and understand and I agree to the terms and conditions of entry available to view here.

Parent/Guardian Signature Date