# Application for Nominated Person

**1. Details of management personnel as specified in Part-ORA** **to be completed by an ATO representative**

Approved Training Organisation (ATO):

ATO Approval No. (if applicable):

Nominee's name: Last name:

Position(s) for which nomination is being made (tick appropriate box):

☐ Accountable Manager (AM) ☐ Safety Manager (SM)

☐ Compliance Monitoring Manager (CMM) ☐ Head of Training (HT)

☐ Chief Flight Instructor (CFI) ☐ Chief Theoretical Knowledge Instructor (CTKI)

Work contract type: ☐ Full time ☐ Part time

If part time: Amount of hours/week of presence within the ATO:

Days of the week where the nominated person will be more likely present within the ATO:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Remarks:

Name of the representative:

Signature: Date:

*NOTES:*

- The CAAT reserves the right to interview the nominee or call for additional evidence of his/her suitability before deciding upon his/her acceptability.
- All submission for approval of such functions must include supporting evidence of relevant qualifications and experience. This evidence should include total flying experience, type/classes flown, total instructional experience/instruction time per course, course certificates, copy of pilot licence and associated ratings plus any other posts held that have been subject to an approval by an Authority.

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| **2. Personal details of the nominee** | **to be completed by the nominee** |
|---|---|
| Title: Name: | Lastname: |
| Date of birth (dd/mm/yyyy): | Place of birth: |
| Nationality: | |

Permanent address:

Street: Number:

Place: Postal code:

Country:

Telephone:

Email:

Qualifications relevant to the position:

CV in annex : ☐

Experience relevant to the position:

CV in annex : ☐

Signature: Date:

| **3. CAAT Acceptance** | **to be completed by an authorised CAAT staff member** |
|---|---|
| Name : | Date: |
| Signature : | Position: |
| ☐ Satisfactory | ☐ Unsatisfactory |
| Remarks: | |