



Student APPLICATION FORM

Background

The Seaton UAV Specialist Program is offered in collaboration with Adelaide University's Unmanned Research Aircraft Facility. The program is one full day a week as an Integrated Program Combining Geography, Scientific Studies (Stage 1) and Control Technology (Stage 2). Students will graduate with 20 Stage 1 credits and 20 Stage 2 credits. Students will also graduate with CASA approved industry qualification:

- **Remote Pilots Licence (RePL)**
- **Aeronautical Radio Operators Certificate (AROC)**

In addition to this course, students can elect to participate in an intensive 5 day program to achieve their:

- **Certificate III in Aviation (Remote Pilot - Visual Line of Sight)**

The qualification is offered through a collaboration with BASAIR Aviation College.

The Seaton UAV Specialist Program will be offered to Year 11 and 12 students across WASSN Schools. The program promotes a wide range of tertiary STEAM pathways in Aerospace, Engineering, Conservation and Earth Sciences.

Course Details

Semester 1 and 2, 2019, Day: Wednesday

Course fee \$2600

Lecturer: Tom Griffith 84452944 or tom.griffith647@schools.sa.edu.au

VET Contact: Michael Huggett Michael.Huggett608@schools.sa.edu.au

Applications are due by: COB Friday, October 19th 2018

Parent information Evening

Tuesday, October 16th 7.00pm – 8.00pm Seaton High School

Who should apply?

This program is designed for Year 11 or 12 students. **Girls and ATSI students are particularly encouraged to apply.**

Criteria for selection into the Seaton UAV Project: A sound background and ability in:

- Science, Technology, Engineering and Mathematics subjects (STEM)
- Coding
- Environmental Science
- Problem solving
- Working in teams

Seaton High School UAV Specialist Program APPLICATION [*Please type all student, parent and email addresses*]

Applications are due no later than **5pm Friday, October 19th, 2018**

To: Tom Griffith

Email: Tom.Griffith647@schools.sa.edu.au

Phone: 84452944

Note: This application must be signed by your Caregiver and Teacher Referee

Student's name			
School			
Email address (please print)			
Year Level		Date of Birth	
School Address			
2018 Academic results (Semester 1) or please attach school report			
Subjects		Grades	

TEACHER REFEREE STATEMENT	
Name of Teacher:	
Phone:	Email:

Supporting statement:

TEACHER ENDORSEMENT

Name:

Signature:

Date: / / 2018

NOTE: The applicant is to complete the two sections below.

I would like to be accepted into the Seaton UAV Specialist Program because? (up to 200 words)

My career directions are..... (Up to 200 words)

CAREGIVER PERMISSION

I provide permission for:

- My son / daughter to be involved in the Seaton UAV Project.

Name:

Address:

Phone:

Email:

Signature:

Date: / /2018