

FORM 1 Booking Form

INFORMATION ON COMPLETING THIS FORM

Before setting out to complete filling in this Form you should:

1. First read and understand the requirements set out (in the Form) prior to starting.
2. Complete all sections of the Form.
3. Attach only photocopies of supporting documentation. Originals will not be returned to you.
4. When you have finished filling in the Form, re-read it to ensure all sections are completed and correct.
5. Initial each page of the form in the lower left hand corner.

SECTION 1: COMPANY DETAILS

COMPANY NAME: _____ ABN: _____

RESIDENTIAL ADDRESS: _____

SUBURB: _____ POST CODE: _____

POSTAL ADDRESS: _____

SUBURB: _____ POST CODE: _____

NAME OF COMPANY REPRESENTATIVE TO CONTACT IN EMERGENCY: _____

CONTACT PHONE NO: _____ MOBILE: _____

SECTION 2: PERSONAL DETAILS

FAMILY NAME: _____ GIVEN NAME: _____ DATE OF BIRTH: / /

RESIDENTIAL ADDRESS: _____

SUBURB: _____ POST CODE: _____

CONTACT PHONE NO: _____ MOBILE: _____ OCCUPATION: _____

DRIVERS LICENCE NO: _____ STATE: _____ EXPIRY: / / CLASS _____

Is English your preferred Language YES NO

If no, you will need to arrange an interpreter to be on hand whilst safety briefing is taking place.

More info call 07 4941 7116

SECTION 3: NEXT OF KIN

NAME OF PERSON TO CONTACT IN EMERGENCY: _____

RELATIONSHIP TO APPLICANT: _____

ADDRESS: _____

SUBURB: _____ POST CODE: _____

CONTACT PHONE NO: _____ MOBILE: _____

SECTION 4: OCCUPATION

Location/Project: _____

Company Name: _____

Position Held: _____

Phone Number: _____

Email Address: _____

Your Main Duties and Responsibilities are: _____

SECTION 5: MEDICAL DETAILS

Male/Female:	Age:
Height:	Weight:
Are you Pregnant?	How many weeks?
Have you had, or do you currently have, a medical condition which may affect you when flying?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Give Details:	
Does this condition pose a safety threat to you, other passengers or the pilot?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Give Details:	

SECTION 6: PROPOSED FLIGHT ROUTE

SECTION 7: PASSENGER LUGGAGE

How many bags are you planning to travel with?	Total Luggage Weight:


SECTION 8: ADDITIONAL INFORMATION

If you wish to add any additional information, please use the space below:

HORNERY HELICOPTER SERVICES

SECTION 9: PRIVACY Access All Areas

This information is being collected for and on behalf of Hornery Helicopter Services for the purpose of pre-flight safety assessment.

	<p>BEFORE SIGNING THE DECLARATION BELOW, PLEASE TAKE TIME TO REVIEW ALL OF YOUR RESPONSES AND ENSURE ALL DETAILS THAT YOU HAVE PROVIDED IS COMPLETE AND CORRECT.</p>
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SECTION 10: SIGNED CONSENT

I certify that the answers, information and statements made in this Booking Form are correct and to the best of my knowledge. I understand this information may be subject to verification. I understand that any false or misleading detail may render this form invalid and therefore cancelation of flight will result. I accept Hornery Helicopters Terms and Conditions set out on Form HHS 01.3 attached. I also acknowledge I will be given a safety briefing pre-flight and am required to sign an acknowledgement form before entering the Helicopter.

SIGNED: DATE: ____/____/____