

Hrvatska agencija za civilno zrakoplovstvo / Croatian Civil Aviation Agency

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Uz ovaj obrazac primjenjuje se Tarifa br. 1. i 2. Općih upravnih pristojbi Zakona o upravnim pristojbama, u iznosu od ukupno **70,00 HRK**, koje se plaćaju u državnim biljezima u trenutku predaje zahtjeva. *With this form applies a tariff No. 1. and 2. of General administrative fees act, for a total of 70.00 HRK to be paid in stamp at the time of submission of the application.*

Podnositelj zahtjeva-organizator <i>Applicant-Organizer Name</i>	
Adresa <i>Address (registered business address)</i>	
Kontakt osoba (odgovorna uz ovaj zahtjev) <i>Contact Person (responsible for this application)</i>	
AeMC naziv i broj certifikata <i>AeMC Name and Approval N°</i>	<input type="checkbox"/> Podnositelj zahtjeva-organizator / <i>Applicant / Organizer Name</i> <input type="checkbox"/> Ugovorni / <i>Contracted</i>
Naziv obuke <i>Name of training</i>	<input type="checkbox"/> Osnovna obuka iz zrakoplovne medicine u skladu sa Uredbom Komisije (EU) br. 1178/2011 i njezinim izmjenama <i>Basic Training in Aviation Medicine in accordance with Commission Regulation (EU) No 1178/2011 and its amendments</i> <input type="checkbox"/> Osnovna obuka iz zrakoplovne medicine u skladu sa Uredbom Komisije (EU) br. 2015/340 i njezinim izmjenama <i>Basic Training in Aviation Medicine in accordance with Commission Regulation (EU) No 2015/340 and its amendments</i> <input type="checkbox"/> Napredna obuka iz zrakoplovne medicine u skladu sa Uredbom Komisije (EU) br. 1178/2011 i njezinim izmjenama <i>Advanced Training in Aviation Medicine Commission Regulation (EU) No 1178/2011 and its amendments</i> <input type="checkbox"/> Napredna obuka iz zrakoplovne medicine u skladu sa Uredbom Komisije (EU) br. 2015/340 i njezinim izmjenama <i>Advanced Training in Aviation Medicine Commission Regulation (EU) No 2015/340 and its amendments</i> <input type="checkbox"/> Obuka za obnavljanje znanja iz zrakoplovne medicine u skladu sa Uredbom Komisije (EU) br. 1178/2011 i njezinim izmjenama <i>Refresher Training in Aviation Medicine Commission Regulation (EU) No 1178/2011 and its amendments</i> <input type="checkbox"/> Obuka za obnavljanje znanja iz zrakoplovne medicine u skladu sa Uredbom Komisije (EU) br. 2015/340 i njezinim izmjenama <i>Refresher Training in Aviation Medicine Commission Regulation (EU) No 2015/340 and its amendments</i>
	DRUGO (<i>Other</i>):

Jezik <i>Language</i>	
Ugovor sa Hrvatskom liječničkom komorom <i>The contract with the Croatian Medical Chamber</i>	
Organizator/Pokretač <i>Organizer/Promotor</i>	
Voditelj obuke <i>Head of training</i>	
Obuka će se provoditi <i>The training will be conducted</i>	<input type="checkbox"/> kontinuirano / <i>continuously</i> <input type="checkbox"/> jednokratno / <i>once</i>
Planirani početak obuke ili termini <i>Intended commencement of training on</i>	
Planirani broj polaznika <i>Intended number of participants</i>	
Trajanje obuke <i>Course duration</i>	
Detalji teorijske obuke (<i>Details on theoretical training (classroom environment)</i>) Lokacija (<i>Location</i>)	
Detalji praktične obuke (<i>Details on practical training</i>) Lokacija (<i>Location</i>)	
Imena predavača/demonstratora/instruktor (Ispunite Dodatak I) <i>Name of lecturers/demonstrators/ instructors (Use Annex I)</i>	
Preporučeni administrativni dokumenti koje je potrebno predati uz zahtjev: <i>Proposed administration documents submitted with application:</i>	
<input type="checkbox"/> Course Diary	<input type="checkbox"/> Syllabus. A listing of subjects, topics and main headings showing the instruction covered by a course. Training course syllabus must as minimum specify: Course identification with description, Course title, Course number/code (if applicable), Course duration, Categories of persons to be trained with student prerequisites, Training course aim, Training course objectives, Training methods, Training aids, Requirements for the trainers, Requirements for the attendees, Training Topics, Training record keeping
<input type="checkbox"/> Course Attendance List	
<input type="checkbox"/> Certificate Distribution list	
<input type="checkbox"/> Drugi dokumenti (nabroj) / <i>Other Documents (list)</i>	

Napomena / *Notes*

Navedite sve pojedinosti o alternativnim aranžmanima odvojeno.

Please provide full details of alternative arrangements separately.

Izjava podnositelja zahtjeva / *Applicant's declaration*

Ja, dolje potpisani, u ime gore navedenog podnositelja zahtjeva izjavljujem da imam pravnu sposobnost za podnešenje ovog zahtjeva i da su sve informacije navedene u ovom zahtjevu točne i potpune.

I, the undersigned, on behalf of the applicant identified in above declare that I have the legal capacity to submit this application and that all information provided in this application form is correct and complete.

Datum/Mjesto
Date/Place

Ime i prezime odgovornog rukovoditelja
Name of Accountable Manager

Potpis
Signature

Dodatak I / Annex I: Popis predavača				
	Identification and qualifications		Certificate & role	Type of Employment
1.	Name		Certificate Number (if applicable):	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Qualifications		<input type="checkbox"/> AME <input type="checkbox"/> Instructor <input type="checkbox"/> Supporting specialist consultant	
2.	Name		Certificate Number (if applicable):	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Qualifications		<input type="checkbox"/> AME <input type="checkbox"/> Instructor <input type="checkbox"/> Supporting specialist consultant	
3.	Name		Certificate Number (if applicable):	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Qualifications		<input type="checkbox"/> AME <input type="checkbox"/> Instructor <input type="checkbox"/> Supporting specialist consultant	
4.	Name		Certificate Number (if applicable):	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Qualifications		<input type="checkbox"/> AME <input type="checkbox"/> Instructor <input type="checkbox"/> Supporting specialist consultant	
5.	Name		Certificate Number (if applicable):	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Qualifications		<input type="checkbox"/> AME <input type="checkbox"/> Instructor <input type="checkbox"/> Supporting specialist consultant	
6.	Name		Certificate Number (if applicable):	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Qualifications		<input type="checkbox"/> AME <input type="checkbox"/> Instructor <input type="checkbox"/> Supporting specialist consultant	
7.	Name		Certificate Number (if applicable):	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Qualifications		<input type="checkbox"/> AME <input type="checkbox"/> Instructor <input type="checkbox"/> Supporting specialist consultant	
8.	Name		Certificate Number (if applicable):	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Qualifications		<input type="checkbox"/> AME <input type="checkbox"/> Instructor <input type="checkbox"/> Supporting specialist consultant	