



enabling the disadvantaged and the disabled of all ages to share the exhilaration and fulfilment of flying

Helping Wings 2021 flying bursary sponsored by Ports of Jersey

Helping Wings, the Jersey light aviation charity, is delighted to announce the 2021 bursary worth £2000 of flying training for the disadvantaged and the disabled of all ages sponsored by Ports of Jersey with Synergy Flight Training based at the Jersey Aero Club.

The first step is filling in this form, after which we will invite the applicants to come and meet us so that we can find out more about them and let them know more about the flying training.

To apply for the bursary, the applicant must be over 16 years old and be willing to share the flying experience on social media to help us raise the profile of the scholarship.

There is no medical examination for the scholarship, we may seek a medical opinion to ensure that both the successful candidate and the instructors can complete the scholarship safely. However, to date we have been able to welcome students with a variety of disabilities so please consider applying. If you have any concerns about your fitness to fly, you are welcome to contact us for a discussion before applying.

We will not share the information on this form beyond the selection panel without your consent. We will only retain the application form from the successful applicant whose details will be shared with Synergy Flight Training instructors.



enabling the disadvantaged and the disabled of all ages to share the exhilaration and fulfilment of flying

APPLICATION FORM FOR THE HELPING WINGS 2021 FLYING BURSARY

Name:

Date of birth:

Address:

Telephone number:

Email:

Occupation:

Have you lived in Jersey for over 5 years:

Interests; hobbies; sport participation:

Have you ever flown in a light aircraft:

As some of the applicants may be physically disabled, we need to understand the nature of the disability so that we can ensure that the training is completed in a safe and enjoyable environment.

Whilst we cannot guarantee that we will be able to offer the scholarship regardless of the nature of a particular disability, we intend to be as inclusive as we can. To help us with this, please describe below your disability and the impact this has on your everyday life.



enabling the disadvantaged and the disabled of all ages to share the exhilaration and fulfilment of flying

Please ask 2 people you know well, who are not close family members, to support your application as referees. We will contact them on receipt of your application.

REFEREE 1

Name:

Address

Email:

Telephone number:

REFEREE 2

Name:

Address;

Email:

Telephone number:

I wish to apply for the 2021 Helping Wings bursary. I have read the notes and accept the conditions on this form. I understand that all flying training **must** be completed within a year.

Name:

Signature:

Date:

Parents/Guardian name and signature required if under 18 years of age.

Please return the application and the referee forms as well as the medical self-declaration form fully completed to hello@helpingwingsjersey.org by July 31th.

	
<p>Enabling the disadvantaged and disabled of all ages to share the exhilaration and fulfilment of flying</p> <p>MEDICAL SELF-DECLARATION FORM</p> <p>This declaration must be completed on behalf of all those flying as listed on the application form If you have any doubts about signing the declaration, we advise that you contact your GP.</p>	
Please name all participants below:	
HW guest	
Parent and/or carer	
<p>DECLARATION</p> <p>I hereby declare that to the best of my knowledge I neither have, nor have I been diagnosed with, any medical condition which would cause an adverse effect during flight. I further declare that I have no medical condition which is likely to be exacerbated by the forces exerted on my body during flight, and I understand that, in the event of an emergency evacuation, I may not be able to exit from the aircraft until assistance arrives.</p> <p>On behalf of myself and all those on board, I confirm that I have read and understood this declaration of fitness to fly.</p>	
SIGNATURE:	
PRINT NAME	DATE:
<p>Next of kin/emergency contact (someone who is not flying)</p> <p>Name</p>	
Email	
Phone Number	