

Application for Aviation English Language Proficiency Assessment Services Approval

Data protection: Personal data included in the application related to the ELP Assessment Services Approval is processed by SCAA pursuant to Seychelles Constitution on the protection of individuals with regard to the processing of personal data by the Seychelles institutions and bodies and on the free movement of such data. It will be processed solely for the purposes of the performance, management and follow-up of the Application by the SCAA, without prejudice to possible transmission to internal audit services and to the Anti-Fraud Office for the purposes of safeguarding the financial interests of the Seychelles. The Applicant shall have the right of access to the data and the right to rectify any such data that is inaccurate or incomplete. Should the Applicant have any queries concerning the processing of the data, it is to be addressed to the SCAA at the following address: ANSI@scaa.sc. The Applicant shall have right of recourse at any time to the Data Protection Authority Seychelles.

1. Applicant name and address	
2. Trade name (if different)	
3. Location(s) for which the approval is applied for	
4. Confirm a complete test sample is submitted with this application	
5. Approximate number of qualified staff engaged or intended to be engaged in the test activities	
6. Name of the Accountable Manager	
Date: _____	Signature of the Accountable Manager: _____

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Guidance on completion of FORM SSR ATCL 1763/I-ELP.

- Block 1: The name of the organisation must be entered as stated in the relevant register of the Companies Registration Office, as applicable. For the initial application a copy of the entry in the register of the relevant Companies Registration Office must be provided to the SCAA.
- Block 2: State the trade name by which the organisation is known to the public if different from the information given in Block 1. The use of a logo may be indicated in this Block.
- Block 3: State all locations for which the approval is applied for. Only those locations must be stated that are directly under the control of the legal entity stated in Block 1.
- Block 4: This Block is to confirm that the ELP Assessment Services' Test Sample, which contains information according to 8.2 of TP ATCL 01 - Air Traffic Controller Training Manual has been submitted along with the application in the case of first application.
For an application for renewal state "N/A".
- Block 5: The information to be entered here must reflect the number of qualified staff, or in case of an initial approval the intended number of qualified staff, for the complete test activities to be covered by the approval and therefore must include also any associated administrative staff.
- Block 6: State the name of the Accountable Manager, then date and sign the application form in last 2 columns.



Attachment to SCAA TSP 6106 form

“Application for Provision of ELP Test Services Approval”

Information required for proof of capability to conduct test according to requirements set in SAR-ATCL 61 and insurance cover for activities related to the test provided

Registered name of the organisation:

1. Declares that the funding directly related to the activities for which provision of ELP Test Services is applied for is sufficient for the first two year period following the granting of the Approval:
2. Declares that its activities are sufficiently insured in accordance with the nature of test provided.

[Signed by authorised representative of the organisation]

Name and function:

Signature:

Date:

Applications must be sent at least three months before anticipated start of proposed test to:

Air Traffic Standards
Safety Regulation Division
Seychelles Civil Aviation Authority
P. O. Box 181
Victoria, Mahe
Seychelles

Fax: +248 4384269
E-mail: ANStd@scaa.sc