



Student Training Abroad Notification

(NOT VALID unless lodged with the BHPA Office prior to each individual trip)

School _____

Instructional Staff _____

Venue (exact destination) _____

Dates (inc. travel) _____

Student names and level (pre EP/post EP)

Name	Level	Name	Level
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the proposed trip is fully in accordance with the BHPA Technical Manual.

I understand that failure to comply with the BHPA Technical Manual may result in the loss of any available insurance cover and may also lead to disciplinary action being taken by the Flying and Safety Committee.

I am aware that the BHPA insurance cover only extends to a period of 120 days in total in any given school registration year whilst outside the UK. Note also that no cover exists for any activities in USA, Canada and limited provisions apply to Australia.

Signed CFI _____

Date _____