



Egnatia Aviation

Kavala International Airport
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Kavala, Greece

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Original Date:

Revised Dates:


JAR TRAINING APPLICATION

All questions contained in this form are strictly confidential and will become part of your training record.
Please complete all relevant areas in **BLACK** capital letters and provide, if applicable:

- Two additional photographs A copy of your Class 1 Medical certificate
 Copies of your Aviation licenses A copy of the last three pages of your flying log book

| NAME AND ADDRESS | |
|------------------|--|
| Surname | |
| Forenames | |
| Full Address | |
| | |
| | |
| Town | |
| Postcode | |
| Country | |

Affix passport size photo here



| CONTACT INFORMATION | |
|---------------------|--|
| Daytime Phone: | |
| Evening Phone: | |
| Mobile Phone: | |
| Email | |

Other Information

| FLIGHT TRAINING APPLYING FOR (e.g. IKAROS, CPL, IR, Hour Build) | | | | |
|---|----------|----------|----------|----------|
| | Module 1 | Module 2 | Module 3 | Module 4 |
| Modules: | | | | |
| Course Date: | | | | |
| Alternative Date: | | | | |



PERSONAL DETAILS

| | | | | |
|--------------------------------------|--------------------|--|-----------------------------------|--|
| Place of Birth: | | | Marital Status: | <input type="checkbox"/> Single <input type="checkbox"/> Married |
| Nationality: | | | Dependants: | |
| Passport/ID No: | | | Time at Present Address: | |
| Place of Issue: | | | Owner/Tenant/Living with Parents: | |
| Date of Issue: | | | Father's Full Name: | |
| Expiry Date: | | | Applicant's Date of Birth: | |
| A.Φ.Μ και Δ.Ο.Υ: | For Greek Students | | | |
| Next of Kin (Name, Tel. No, Address) | | | | |

ACADEMIC BACKGROUND

Secondary Education

| School | Dates | | Passed (Y/N) | Exam Results (Subjects & Grades) |
|--------|-------|----|--------------|----------------------------------|
| | From | To | | |
| | | | | |
| | | | | |
| | | | | |

Further Education

| School/College/Uni | Dates | | Passed (Y/N) | Exam Results (Subjects & Grades) |
|--------------------|-------|----|--------------|----------------------------------|
| | From | To | | |
| | | | | |
| | | | | |
| | | | | |

Other Courses and Qualifications

| Location | Dates | | Subject |
|----------|-------|----|---------|
| | From | To | |
| | | | |



AVIATION BACKGROUND

Licence Information – Please complete all applicable information and use 'N/A' for the rest

| | | | |
|----------------------------|---|--------------------------------------|--|
| Licence Number: | | Non JAR Licenses: | |
| Type: | | Military Licenses: | |
| Expiry Date: | | Other Licenses: | |
| Current JAA Medical | <input type="checkbox"/> None <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 | Non JAR Medical | |
| Expiry Date: | | Expiry Day | |
| Current IR | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other (Ratings, Type Ratings) | |
| Expiry Date: | | | |

Flight Training Record - Please complete all applicable information

| Type | Dates | | JAR? | Training Organisation/College |
|-------------------------------------|-------|----|-------|-------------------------------|
| | From | To | | |
| No experience | | | Y / N | |
| PPL Training | | | Y / N | |
| CPL Training | | | Y / N | |
| Instrument Rating | | | Y / N | |
| Military Flight Training | | | Y / N | |
| Any Other Type of Aviation Training | | | Y / N | |

Flying Experience - Please complete all applicable information

| | | | | | |
|-----------------------|--|------------------------|--|--|--|
| Total Fix Wing Hrs | | Total P2 & PU/T Hours | | Has your licence ever been deferred? (Y/N) | |
| Total Rotary Wing Hrs | | Total Multi Engine Hrs | | Have you ever been grounded for medical reasons? (Y/N) | |
| Total Civil Hrs | | Total Turbo Prop Hrs | | Any accidents, incidents or investigations? (Y/N) | |
| Total Military Hrs | | Total Jet Hrs | | Any aviation business interests? (Y/N) | |
| Total P1 & P1 U/S | | Other (Specify) | | | |



| EMPLOYMENT RECORD | | | | |
|--------------------------|--------------|----|----------------------|---------------------------|
| Employer | Dates | | Position Held | Reason for leaving |
| | From | To | | |
| Current | | | | |
| Previous | | | | |
| | | | | |
| | | | | |

| PERSONAL INTERESTS | |
|--|--|
| Please give details of any interests, hobbies and sports. | |
| Where did you hear about Egnatia Aviation? | |

All the information contained herein will be included in an automated file and will be treated strictly as private and confidential and used solely for selection purposes. Egnatia Aviation guarantees you access to changes, updates or cancellations any of the information contained herein.

The undersigned confirms that all information provided by him or her in this form is correct.

Signature

Date

| OFFICIAL USE ONLY: Approved for Training | | | | |
|---|---------------|-----------------|--------------------|--|
| Manager's Name | Yes/No | Initials | | |
| Sales and marketing Manager | | | Course Start Date: | |
| Head of Training | | | Alternative Date: | |
| Chief Flying Instructor | | | Flying Credit: | |
| Chief Ground Instructor | | | | |
| Remarks/Comments: | | | | |
| | | | | |

SOP/A/009 V1.0 Effective Date: 01/07/2006

