



Egnatia Aviation

Kavala International Airport
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Kavala, Greece
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Original Date:
Revised Dates:

EASA 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:		Other Information
Evening Phone:		
Mobile Phone:		
Email		

FLIGHT TRAINING APPLYING FOR (e.g. IKAROS-i, 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 .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 EASA Licenses:	
Type:		Military Licenses:	
Expiry Date:		Other Licenses:	
Current EASA Medical	<input type="checkbox"/> None <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2	Non EASA 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

