



Kavala International Airport  
 642 00 Chrysoupolis  
 Kavala, Greece  
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Original Date: \_\_\_\_\_

Revised Dates: \_\_\_\_\_

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 ( <i>e.g. IKAROS-I, CPL, IR, Hour Building</i> )				
	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		Dependents	
Passport/ID No.		Time at Present Address	
Place of Issue		Owner / Tenant / Living with Parents	
Date of Issue			
Expiry Date		Father's Full Name	
Visa No		Mother's Full Name	
Place of Issue		Applicant's Date of Birth	
Date of Issue		Next of Kin (Name, Tel. No, Address)	
Expiry Date			
TAX No	For Greek Students		

ACADEMIC BACKGROUND				
<b>Secondary Education</b>				
School	Dates		Passed (Y / N)	Exam Results (Subjects & Grades)
	From	To		
<b>Further Education</b>				
School / College / University	Dates		Passed (Y / N)	Exam Results (Subjects & Grades)
	From	To		
<b>Other Courses and Qualifications</b>				
Location	Dates		Subject	
	From	To		

### AVIATION BACKGROUND

**License Information** – Please complete all applicable information and use "N/A" for the rest

License 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"/> Class2	Non EASA Medical	
Expiry Date		Expiry Date	
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 license 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 / her in this form is correct.

Signature ..... Date .....

OFFICIAL USE ONLY: Approved for Training				
Manager's Name	Yes/No	Initials		
Admissions Manager			Course Start Date	
Head of Training			Alternative Date	
Chief Flight Instructor			Flying Credit	
Chief Theoretical Knowledge Instructor				
Remarks / Comments:				