

GULF AVIATION ACADEMY

APPLICATION FOR
PROFESSIONAL PILOT TRAINING

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PROFESSIONAL TRAINING

TITLE (Mr, Mrs, Ms etc.)

FIRST NAMES (Forenames)

SURNAME (Family name)

ADDRESS LINE 1 (House name or number, and Street)

CITY

ADDRESS LINE 2 (Village or area)

P O BOX

ADDRESS LINE 3 (Main town or city)

COUNTRY

EMAIL ADDRESS

CONTACT PHONE NUMBERS (Include any international code)

VISAS

The course requires you to attend a fair weather training centre, meaning you may require a Visa. Have you ever had a Visa application refused? If yes, please give details in the additional information box on page four of this application form.

Yes No

CRIMINAL OFFENCES

Have you ever been convicted of a criminal offence (other than traffic or parking offences)?

Yes No

DATE OF BIRTH (DD/MM/YY)

PLACE OF BIRTH (Town/City & Country)

NATIONALITY

PASSPORT NUMBER

PASSPORT EXPIRY DATE (DD/MM/YY)

COUNTRY OF ISSUE

EMERGENCY CONTACT NAME

RELATIONSHIP TO CONTACT

EMERGENCY CONTACT NUMBER

PERSONAL DETAILS (CONTINUED)

PLEASE STATE YOUR STANDARD OF ENGLISH LANGUAGE COMPREHENSION ON A SCALE OF 1 - 6

(Where 6 is fluent and 0 is no English spoken - Please circle)

0

1

2

3

4

5

6

ACADEMIC BACKGROUND

COLLEGES/UNIVERSITIES	LOCATION	SUBJECTS	LEVEL (i.e. GCSE, A-Level)	GRADE	YEAR AWARDED
SECONDARY SCHOOL ATTENDED	LOCATION	SUBJECTS	LEVEL	GRADE	YEAR AWARDED
PROFESSIONAL OR OTHER QUALIFICATIONS	WHERE YOU STUDIED		LEVEL	GRADE	YEAR AWARDED

EMPLOYMENT & WORK EXPERIENCE

EMPLOYER (inc. location)	DATES FROM - TO	POSITION HELD	GENERAL RESPONSIBILITIES	REASON FOR LEAVING

PERSONAL INTERESTS & ACHIEVEMENTS

AVIATION QUALIFICATIONS & EXPERIENCE

PLEASE INDICATE WHICH LICENCES, QUALIFICATIONS AND FLYING HOURS YOU HAVE, IF ANY

FIXED WING PILOT

PPL IMC NIGHT RATING CPL MEP IR

PLEASE STATE CURRENT LICENCE NUMBER

PLEASE STATE COUNTRY OF ISSUE

GLIDER QUALIFICATION (Please state)

ROTARY WING PILOT

PPL IMC NIGHT RATING CPL IR

PLEASE STATE CURRENT LICENCE NUMBER

PLEASE STATE COUNTRY OF ISSUE (If Non-UK)

MILITARY

(Please state)

SUMMARY OF HOURS

TOTAL FIXED WING

TOTAL PIC

TOTAL INST.

TOTAL ROTARY WING

TOTAL PIC

TOTAL INST.

TOTAL MILITARY

TOTAL PIC

TOTAL INST.

HOURS FLOWN IN LAST SIX MONTHS

DATE OF LAST FLIGHT (DD/MM/YY)

TYPE OF AIRCRAFT

Candidates must successfully complete a Skills Assessment Process. Upon receipt of your completed application you will be contacted by a member of the Academy to discuss your arrangements.

ADDITIONAL INFORMATION

Before submission of this application, please make sure you have enclosed the correct supporting documentation as listed below.

- Photographic identification (Photocopy of either a Drivers Licence or Passport)
- Photocopies of any licence and rating certificates held (if any)
- A colour passport-size photograph

SIGNED AGREEMENT

I hereby certify that all information I have given in this application, along with the supporting documentation enclosed (as listed above), is correct and that no relevant information has been withheld.

APPLICANTS SIGNATURE

DATE (DD/MM/YY)