



GR-FTO 008  
 Makedonia International Airport  
 Headquarter  
 0.5 km Ring Road Triadi – Nea Redestos  
 57001 Triadi / Thermi  
 Greece

Phone + 30 2310-465930

Fax + 30 2310-465998

Original Date:

Aeolus ID-Card :


## 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. PPL, CPL, IR, Hour Build)				
	Module 1	Module 2	Module 3	Module 4
Modules:				
Course Date:				
Alternative Date:				

## PERSONAL DETAILS

Nationality:			Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married
Passport/ID No:			Applicant's Date of Birth:	
Place of Issue:			Place of Birth:	
Date of Issue:			Father's Full Name:	
Expiry Date:				
Visa requirements:				
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			
<b>Licence Information</b> – Please complete all applicable information and use ‘N/A’ for the			
<b>Licence Number:</b>		<b>Non JAR Licenses:</b>	
<b>Type:</b>		<b>Military Licenses:</b>	
<b>Expiry Date:</b>		<b>Other Licenses:</b>	
<b>Current JAR Medical</b>	<input type="checkbox"/> None <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2	<b>Non JAR Medical</b>	
<b>Expiry Date:</b>		<b>Expiry Day</b>	
<b>Current IR</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Other (Ratings, Type Ratings)</b>	
<b>Expiry Date:</b>			

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)			

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. Aeolus Aviation Academy 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 Flight Instructor			Flying Credit:	
Chief Ground Instructor				
Remarks/Comments:				