

# GULF AVIATION ACADEMY

APPLICATION FOR  
PROFESSIONAL TRAINING

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TITLE (Mr, Mrs, Ms etc.)

FIRST NAMES (Forenames)

SURNAME (Family name)

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

COUNTY / REGION

ADDRESS LINE 2 (Village or area)

POSTCODE / ZIP

ADDRESS LINE 3 (Main town or city)

COUNTRY

EMAIL ADDRESS

DATE OF BIRTH (DD/MM/YY)

CONTACT PHONE NUMBERS (Include any international code)

PLACE OF BIRTH (Town/City & Country)

NATIONALITY

PASSPORT NUMBER

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

PASSPORT EXPIRY DATE (DD/MM/YY)

COUNTRY OF ISSUE

CRIMINAL OFFENCES

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

Yes  No

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  NIGHTRATING  CPL  MEP  IR

PLEASE STATE CURRENT LICENCE NUMBER

PLEASE STATE COUNTRY OF ISSUE

GLIDER QUALIFICATION (Please state)

### ROTARY WING PILOT

PPL  IMC  NIGHTRATING  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

## HOW TO APPLY FOR THE APP FIRST OFFICER COURSE

Candidates must successfully complete a Skills Assessment Process. Upon receipt of your completed application you will be contacted by a member of the airline's staff 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)