

EFTA TRAINING APPLICATION FORM ATPL FULL TIME COURSE

EFTA
European Flight
Training Academy

Please read these instructions carefully:

European Flight Training Academy AB. Tel: 08 – 26 27 70

Date Received

1. This form **MUST** be completed fully for your application to be considered.
2. **Please include a passport photograph with your name printed clearly on the reverse.**
3. **Please attach a photocopy of your passport, flying licences & Swedish Medical Class 1.**
4. If above is not available send them in later to EFTA

Course Applied for: ATPL FULL TIME COURSE STARTING: March August Year: _____
Application/entry fee payment (5.000:- SEK) made to EFTA date: _____

Surname

Forenames

Address

Contact Information

Daytime Tel No

Evening Tel No

Mobile Tel No

Fax No

E-mail address

Personal Details

Nationality

Male/Female

Personnummer
or Date of Birth

Marital Status

Next of Kin

Name

Telephone No

Relationship

Mobile No

Academic Background

Secondary Education (Gymnasieutbildning)

School Name & Address	From	To	Exam Subjects & Grades
I have at least Secondary School (Eng B) or passed EFTA acceptance tests and interviews in English <input type="checkbox"/>		I have at least Secondary School (Ma B) or passed EFTA acceptance tests and interviews in Mathematics <input type="checkbox"/>	
		I have at least Secondary School (Fy A) or passed EFTA acceptance tests and interviews in Physics <input type="checkbox"/>	

Further Education

School / College / University Name	From	To
Exam Results		

Additional Courses & Qualifications (not aviation related)

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Aviation Experience

Type of Licence held		Licence No	
Valid IR		Expiry Date	
Expiry date medical class 1		Total Hours	
PIC MPA hours	PIC hours	ICAO language level English	ICAO language level Swedish

Miscellaneous

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Attached to this application is

Flying Licence Swedish Medical Class 1 Grades/Betyg Passport Photo
 If above is not available send them in later to EFTA

The information contained in this form is private and confidential and will be for the sole use of European Flight Training Academy AB.

Please complete and return to:
European Flight Training Academy AB.
 Box 200 63, SE-161 02 Bromma, Sweden

Date: _____ 20____

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