

EFTA TRAINING APPLICATION FORM TFU

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, Test, Education & Swedish Medical Class 1.**
4. If above is not available send them in later to EFTA

Course Applied for: TFU Course start 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

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Miscellaneous

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Attached to this application is

Elevtillstånd Medical Grades/Betyg Aptitude Test 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.

Place: _____

Date: _____ 20____

Sign

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