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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:

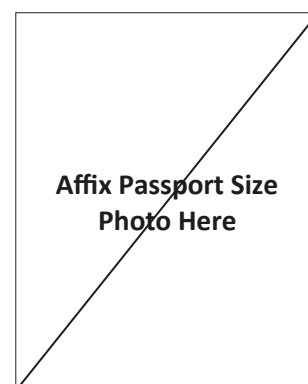
- A copy of ID or Passport
- Copies of your Aviation licenses (If applicable)
- A copy of the last three pages of your flying log book (If applicable)

Check the course that you are applied for:

ATPL(A)		CPL/ME/IR(A)		CPL(A)		PPL(A)		SP/MEP(A)		CONVERSION	
IR(A)		FI(A)		CRI(A)		IRI(A)		SP/SEP(A)		ATP(A) Theory	
NQ(A)		FI(A) Refr.*		IR(A) Refr.*		IRI(A) Refr.*		CRI(A) Refr.*		MCC	

* Refresher Seminar

FAMILY NAME			
FIRST NAME (S)			
FATHER's NAME			
MOTHER's NAME			
FULL ADDRESS			
City and ZIP Code			
COUNTRY		VAT Number	



CONTACT INFORMATION	
Mobile telephone No	
Emergency phone No (Name & Relation)	
Greek telephone No	
Email	
Facebook (If any)	
SKYPE (If any)	

Any Other Info

PERSONAL DETAILS			
Place and Country of Birth		Date of Birth	
Nationality		Marital Status	
Passport or ID No		Academic Background (Y/N)	
Country of issue		Aviation Background (Y/N)	
Date of Issue		Other Courses Qualifications (Y/N)	
Expiry Date			

FLYING EXPERIENCE							
Pilot License (Y/N)		Number of Pilot License		EASA License		Non EASA License	
Pilot License Country Issue			Medical Certification (Y/N)			Medical Certif. Expiry Date	
Total Fixed Wing Airplanes Hrs		Total P2 & P2 U/T Hours		Has your licence ever been revoked? (Y/N)*			
Total Rotary Wing airplanes Hrs		Total Multi Eng. airplanes Hrs		Have you ever been grounded for medical reasons? (Y/N)*			
Total Civil airplanes Hrs		Total Turbo Prop airplanes Hrs		Any accidents, incidents or aviation investigation? (Y/N)*			
Total Military airplanes Hrs		Total, Jet airplanes Hrs		Specify Type and Ratings in License			
Total P1 & P1 U/S		Other Specify					

* If YES, please give more details in the " ANY OTHER INFO " box.

ACADEMIC BACKGROUND			
SCHOOL/COLLEGE/UNIVCITY	DATES		SUBJECT COMPLETED
	FROM	TO	

PERSONAL INTERESTS	
Please give details of any interests, hobbies or sports.	
Where did you hear about Olympus Aviation ?	

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. Olympus Aviation 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.

Registered Date:

Signature:

OFFICE USE ONLY: Approved for Training	
APPROVED BY (Name/Signature/Stamp):	
Accountable Manager.....	
Date of Signature	
Course Start Date:	