TRAINING INTEREST FORM

TRAINEE INFO			
Last Name		**First Name**	
City		**Nationality**	
E-mail		**Contact Number**	
Education Level	☐ Middle School	☐ High School	☐ University
English Level	☐ Basic	☐ Intermediate	☐ Fluent

I am interested in *Select all that apply*	☐ PPL	☐ Night Rating	☐ SEP Refresher
	☐ Seaplane	☐ Acrobatic	

To start within	☐ 1 month	☐ 3 months	☐ 6 months

DECLARATION

I (full name)_____confirm that all information provided on this document is correct and true to the best of my knowledge.

Signature		**Date** *(dd/mm/yy)*	

ADDITIONAL INFO/REMARKS: