



# Search and Rescue Training Centre

Armed Forces of Malta  
Safi Barracks  
Safi CMR 02  
Malta

## Application Form for International Students

Student Registration Number:

Office Use Only

### Section A: Personal Details

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Nationality: \_\_\_\_\_  
*DD/MM/YYYY*

Passport Number: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Town: \_\_\_\_\_ Country: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

### Section B: Course Selection

Course Title: \_\_\_\_\_ Course Code: \_\_\_\_\_

### Section C: Profession Details

*(Fill where applicable)*

#### Military

Rank: \_\_\_\_\_ Title: \_\_\_\_\_

Present Position: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Military Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

**Civilian**

Appointment: \_\_\_\_\_ Title: \_\_\_\_\_

Employed As: \_\_\_\_\_

Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

**Section D: Education Level**

Education Qualification:

Primary  Secondary  Tertiary  Post Graduate

English Proficiency

Is English Your First Language: Yes  No  First Language

Knowledge of English:

**Spoken**

**Written**

Level   
(See below for instructions)

Excellent

Good

Fair

English Language Requirements:

All courses are taught in English. Students whose first language is not English are required to provide evidence that they have sufficient competence in written and spoken English to enable them to undertake their studies at the Training Centre. The minimum level required is Level 4 as per the International Civil Aviation Organisation (ICAO) Proficiency Rating Scale. This is available from the SAR Training Centre’s Website.

**DECLARATION:**

I declare that the information I have supplied on this form is true and correct. I understand that the giving of false, incorrect or incomplete information may lead to refusal of my application or cancellation or enrolment.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Nominating Officer  
(Employer)

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Diplomatic  
Officer/Representative

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date