



Search and Rescue Training Centre

Armed Forces of Malta
Safi Barracks
Safi CMR 02
Malta

Application Form for Local Students

Student Registration Number:

Office Use Only

Section A: Personal Details

Surname: _____ First Name: _____ Initial: _____

Date of Birth: _____ Sex: _____ I.D. No.: _____
DD/MM/YYYY

Passport Number: _____ Date of Expiry: _____

Place of Birth: _____ Town: _____ Country: _____

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: _____ Section 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

Knowledge of English:

Spoken

Written

Level
(See below for instructions)

Excellent

Good

Fair

English Language Requirements:

All courses are taught in English. Students must 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