



## EAST AFRICAN CIVIL AVIATION ACADEMY, SOROTI-UGANDA

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### APPLICATION FORM

<b>Last (Family) Name:</b> _____ <b>First Name:</b> _____ <b>Middle Name(s)</b> _____ <b>Date of Birth (DD/MM/YYYY):</b> ___/___/_____ <b>Place of Birth :</b> _____	( ) CHECK (TICK) HERE IF YOUR TRAINING WILL BE SPONSORED BY YOURSELF, PARENT, OR BENEFACTOR
<b>Mailing Address:</b> _____ _____ _____	( ) CHECK (TICK) HERE IF YOUR TRAINING IS TO BE SPONSORED BY AN ORGANISATION

#### VISA/IMMIGRATION INFORMATION

- Are you a citizen of Uganda? ( ) YES ( ) NO
- If not Ugandan, are you a citizen of the East African Community?  
( ) YES ( ) NO
  
- NATIONALITY (If not Ugandan): \_\_\_\_\_

I wish to apply for the following training programme(s):

- ( ) **Integrated professional pilot programme (Commercial Pilot Licence with Instrument Rating and Multi-Engine Rating)**
- ( ) **Private Pilot Licence**
- ( ) **Commercial Pilot Licence (Single-Engine)**
- ( ) **Instrument Rating (Multi-Engine)**
- ( ) **Airline Transport Pilot Licence (Ground School)**
- ( ) **Flying Instructor Rating**
- ( ) **Flight Operations**
- ( ) **Airport Operations**
- ( ) **Aircraft Maintenance Engineering, Airframe & Powerplant**
- ( ) **Aircraft Maintenance Engineering, Electrical**
- ( ) **Aircraft Maintenance Engineering, Direct-Reading Magnetic Compass**

I wish to begin my training during: ( ) 1<sup>st</sup> week of March of Year \_\_\_\_\_  
 : ( ) 1<sup>st</sup> week of September of Year \_\_\_\_\_

For Pilots:

Currently I hold a valid /lapsed \_\_\_\_\_  
 Licence with \_\_\_\_\_ Rating(s)

I possess a Class \_\_\_\_ CAA Medical Certificate dated \_\_\_\_\_

**PREVIOUS FLIGHT EXPERIENCE (For Pilots)**

	TOTAL FLIGHT EXPERIENCE			CROSS COUNTRY			NIGHT			INSTRUMENT		
	TOTAL TIME	TOTAL PIC	TOTAL DUAL	TOTAL TIME	TOTAL PIC	TOTAL DUAL	TOTAL TIME	TOTAL PIC	TOTAL DUAL	ACTUAL	SIMULATED	FLIGHT SIMULATOR
AEROPLANE												
HELICOPTER												

For Engineers and Other:

Currently I possess a certificate/diploma/ licence in \_\_\_\_\_  
 \_\_\_\_\_ issued by \_\_\_\_\_  
 Dated (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_\_

NOTE: If you have attended an Approved Training Organization, please provide a certified copy of your transcript of training. Such training will be credited.

<b>EDUCATION:</b>			
LIST THE MOST RECENT SCHOOLS ATTENDED: SECONDARY (HIGH) SCHOOL, TECHNICAL OR UNIVERSITY			
SCHOOL	LOCATION	DATES ATTENDED (From To)	CERTIFICATE/DIPLOMA/DEGREE

NOTE: Please provide a certified copy of your secondary (high) school certificate as evidence that you meet the minimum education level requirement.

Have you ever been convicted of a criminal offence? ( )YES ( )NO -If YES, please briefly explain\_\_\_\_\_

## TERMS OF ENROLMENT:

1. If your application is accepted by the Academy, an admission letter and Enrolment Agreement will be mailed to you. This agreement will state the hours of instruction anticipated to complete your training in the curriculum chosen and other important rights and obligations. The estimated cost of training will be based on the information given in your application form. **Please ensure that this information is complete and accurate.** You will be required to read and sign the Enrolment Agreement and return it to the Academy.
2. The minimum age requirement for enrolment at the Academy is 18 years.
3. Please submit the following with your application:
  - **US\$ 50,000 (US \$ 25)** Application Fee.
  - **Proof of Education** (Copy of school certificates, diplomas or higher)
  - **Proof of English** (Minimum of a credit in the English Language at O-level, or a TOEFL score of 550 for the written exam, 215 for computer exam)
  - **Copy of CAA 1<sup>st</sup> Class Medical** (Commercial Pilot Licence), or **2<sup>nd</sup> Class Medical** (Private Pilot Licence only).
  - **Copy of last page of Personal Flying Log Book** (For pilots with previous flight experience).

**Applicant's Signature:** \_\_\_\_\_

**Date (DD/MM/YYYY):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_