

EAST AFRICAN CIVIL AVIATION ACADEMY, SOROTI-UGANDA

P.O. Box 333, Soroti-Uganda

Telephone: +256 (0)45 4461245 Fax: +256 (0)45 4461090 E-mail: admissions@flysoroti.ac.ug Web site: www.flysoroti.ac.ug

APPLICATION FORM

1. Bio - Data

Last (Family) Name:			
First Name:	() CHECK (TICK) HERE IF YOUR TRAINING WILL BE SPONSORED BY YOURSELF, PARENT OR BENEFACTOR		
Middle Name(s)			
Date of Birth (DD/MM/YYYY):/			
Place of Birth :			
Mailing Address:	() CHECK (TICK) HERE IF YOUR TRAINING IS TO BE SPONSORED BY AN ORGANISATION		
Email:			
Tel:			
 2. Citizenship / Visa / Immigration Information Are you Ugandan ()YES ()NO If no, please state your Nationality	ilot Licence with Instrument		
() Aircraft Maintenance Engineering, Electrical () Aircraft Maintenance Engineering, Direct-Reading Mag	netic Compass		

	Curi	rently I h	iold a va	lid / laps	ed							
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												
5. For Engineers and Others:												
Currently I possess a Certificate / Diploma/ Licence in												
issued by												

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

Dated (DD/MM/YYYY): ____/___

6. EDUCATION

LIST THE MOST RECENT SCHOOLS ATTENDED: SECONDARY (HIGH) SCHOOL, TECHNICAL OR UNIVERSITY					
SCHOOL	LOCATION	DATES ATTENDED (FromTo)	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.

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7.	Work	H.XNP	rience
	11011	LAPC	1 ICHCC

LIST YOUR MOST RECENT WORK PLACES						
8. Criminal Conviction Have you ever been convicted of a criminal offence? ()YES ()NO –If YES, please briefly explain						
9.	9. Declaration I hereby confirm that the information given above is correct and accurate to the best of my knowledge.					

Applicant's Signature: _____ Date:(DD/MM/YYYY):__/__/___

TERMS OF ENROLMENT:

- i. Please ensure that this information is complete and accurate.
- ii. If your application is accepted by the Academy, an invitation letter will be mailed to you which will be containing all the admission details.
- iii. The accepted applicant will be subjected to an aptitude test which has to be passed with 70%.
- iv. The applicant who passes the Aptitude test shall be vetted by the academy's admissions committee.
- v. The minimum age requirement for enrolment at the Academy depends on the course being applied for.
- vi. The applicant should submit the following together with the application:
 - Proof of payment of the US \$25 Application Fee. The application fee should be paid to the Academy's account to obtain the payment receipt.
 - 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)
 - A copy of the Students Pilot Licence which is obtained from CAA Uganda after passing a CAA 1st Class Medical for Commercial Pilot Licence, or 2nd Class Medical for Private Pilot Licence.
 - Copy of last page of Personal Flying Log Book (For pilots with previous flight experience.

You will be required to read and sign the Enrolment Agreement and return it to the Academy.