

GROUND HANDLING TRAINING APPLICATION

Full Name: _____ **Date of Birth:** _____

Address: _____ **Gender:** _____

Email: _____ **Marital Status:**

Married ☐
Single ☐

Highest level of Education

Senior Secondary school

Tertiary Secondary school

University

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☐
☐

Education			
School/ Institution	Course/Program	Certificate obtained	Year obtained

Work Experience			
Employer	Position	Year of experience	Referee

Supporting documents required:

1. CV
2. Birth Certificate
3. School Certificates/ results
4. Medical Clearance
5. Police Clearance
6. Reference (s)
7. Driving License (desirable)