

# Appraisal of Training Requirements

**Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Rank:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Postal address**

House Number \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_

County \_\_\_\_\_

Post code \_\_\_\_\_

Country \_\_\_\_\_

Tel Number \_\_\_\_\_

Mobile \_\_\_\_\_

**Military Licences Held:** \_\_\_\_\_

\_\_\_\_\_

**Civil Licenses Held:** \_\_\_\_\_

**Types Flown:** \_\_\_\_\_

**Total Hours:** \_\_\_\_\_

**Military Hours:** \_\_\_\_\_ **Civil Hours:** \_\_\_\_\_

**Are you in current flying practice:** **YES/NO**  
*(12 hours flying in the last 12 months)*

**Military Licences Held:** \_\_\_\_\_

**Do you hold a current Military IR:**  
*(please state restricted or unrestricted)*

**What licences/qualifications are you wishing to achieve:**  
*(i.e IR, MCC, PPL/CPL Skill Test, Etc)*

**Would you like an approximate cost for your training:** **YES/NO**

**How did you hear about us** *(please tick)*

Brochure ?      Advert ?      Recommendation ?      Word of mouth ?

Other (please specify)

**Please send completed forms to:**  
Multiflight Resettlement  
or E Mail  
Resettlement@multiflight.com