



# Future Flyers Registration

Surname & Initials	
Names	
ID Number	
Postal Address	
Contact No's	<b>Tel:</b> <b>CELL:</b>
Next of kin	
Person responsible for payment	<b>Tel:</b>

General information	Yes	No
<b>Matriculated</b>		
<b>Willing to undergo a medical examination</b>		
<b>Able to swim</b>		
<b>Transport to class</b>		
<b>Ever convicted of a criminal offence</b>		
<b>Previous flight experience</b>		
<b>Ever applied for a flight attendants position</b>		
<b>Any medical conditions aware of e.g. Diabetes, Asthma etc. If YES please specify</b>		

<b>Referred to us by</b>	
<b>Course date</b>	
<b>Centre</b>	Johannesburg

- The above information is correct to the best of my knowledge.
- I agree to adhere to the rules and regulations of Future Flyers Training Academy.
- I understand the contents of the Future Flyers Training Academy brochure.
- I know that Future Flyers Training Academy does not guarantee employment.
- I ensure that all course fees will be paid prior to commencement of the course.
- I understand that no final examinations and or CAA licensing will be booked before settlement of the full course fees.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date