



THE HONOURABLE COMPANY OF AIR PILOTS

incorporating Air Navigators

Tel: +44 (0) 20 7404 4032
office@airpilots.org
www.airpilots.org

REGISTRATION FOR PILOT APTITUDE ASSESSMENT THURSDAY 5th DECEMBER 2024

****Please note due to high demand applicants will be selected on a first come, served basis****

Date of Birth: Day _____ Month _____ Year _____ Age on Assessment Date: _____
(Please note must be 18 or over on the assessment date)

Title: _____ Surname: _____ Forenames: _____

Nationality _____

Address: _____

_____ Post Code _____

Email: _____

Telephone: Landline: _____ Mobile: _____

Educational Data

GCSE: _____

A LEVELS: _____

DEGREE/FURTHER EDUCATION: _____

Licences/Ratings Held: _____

No. Flying Hours (including Aircraft Type): _____

Current Employment: _____

Details of any previous Pilot Aptitude Testing: _____

I heard about Pilot Aptitude Testing through: _____

I wish to attend the Aptitude Testing Session at Air Pilots House, 52a Borough High Street, London on **Thursday 5th December 2024**. Please tick which session you have preference in attending. Please note although we will try and accommodate your preference, we will only be able to offer you the session that's available.

AM **PM** **No Preference**

DIRECT ENTRY PILOT

(tick the box if you are employed as a pilot)

I am aware that when I take part in this session, I will be unable to re-take this specific test for 6 months.

I will make payment of **£105** when the place is confirmed.

Signed _____ Dated _____