COURSE APPLICATION

Learn the art & craft of professional bartending



Applicant Information

Full Name:					
	Surname/Last name	First Name		ID card/Passport number	
Address:					
Street Address				Apartment/Unit	
	City		Post Code		
Phone:		Email:			
Nationality:	I	Date of Birth:	Emergency co	ontact number:	
MQF level 3	3 Award in Bartending	MQF level 4	4 Award in Bartending	3 Day Mixology Course	
Wine and Food Service Course		Award in Wines		Wine Advanced Course	
Wine Regions Course		Flair Bartending		World of Spirits Course	
Are you a Eu	uropean citizen?	🗌 Yes 🗌	No		
•	xperience level as a bar 1 Lowest (Only for Barter		2 🗌 3 🗌 4 🗌 5 🗌	6 🗌 7 🔲 8 🗌 9 🔲 10	
How did you	ı hear about us?				
		Disclaimer ar	nd Signature		
		•	ave given is all correct and Regulations at the		
Name & Su	rname as Signature:		Date	::	
	ase save this application gether with full course Iban No.: MTO 4	prepayment by inte	• -	t: FBS Marketing Ltd.	

(Details: Name and surname, Course name)

Payment in cheque by post to: Malta Bartending Academy, Triq Dun Xand Cortis, Santa Venera, SVR 1681.