

# 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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency contact number: \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> MQF level 3 Award in Bartending | <input type="checkbox"/> MQF level 4 Award in Bartending | <input type="checkbox"/> 3 Day Mixology Course   |
| <input type="checkbox"/> Wine and Food Service Course    | <input type="checkbox"/> Award in Wines                  | <input type="checkbox"/> Wine Advanced Course    |
| <input type="checkbox"/> Wine Regions Course             | <input type="checkbox"/> Flair Bartending                | <input type="checkbox"/> World of Spirits Course |

Are you a European citizen?  Yes  No

Rate your experience level as a bartender?  1  2  3  4  5  6  7  8  9  10  
Highest 10 – 1 Lowest (Only for Bartending Courses)

How did you hear about us? \_\_\_\_\_

## Disclaimer and Signature

*I declare that the information I have given is all correct and that I will abide by all the House Rules and Regulations at the Academy*

Name & Surname as Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please save this application and send it by e-mail on [info@maltabartendingacademy.com](mailto:info@maltabartendingacademy.com) together with full course prepayment by internet Banking. Account: FBS Marketing Ltd.  
Iban No.: **MT04VALL22013000000040010520365** Bank of Valletta  
(Details: Name and surname, Course name)*

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