

Course  
Application  
2024



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 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.*