CAA approval No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **APPLICATION AND REPORT FORM** *(According to AMC5 FCL.935(a))***FOR INSTRUCTOR ASSESSMENT OF COMPETENCE**  |
| **1.** | **Applicants personal particulars:** |
| Applicant’s last name(s): |  | First name(s): |  |
| Date of birth: |  | Tel. (home): |  |
| Tel. (work): |  |
| Address: |  | Country: |  |
| **2.** | **Licence details** |
| Licence type: |  | Number: |  |
| Class ratings included in the licence: |  | Exp. Date: |  |
| Type ratings included in the licence: | 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| Other ratings included in the licence: | 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| **3.** | **Pre-course flying experience** |
| Total flying hours | PIC SEP or TMG hours | SEP preceding 6 months | Instrument flight instruction | Cross-country hours |
|  |  |  |  |  |
|  |  |  |  |  |
| **4.** | **Pre-entry flight test** |
| ***I recommend*** *…………………………………………..………………………* ***for the FI course.*** |
| Name of ATO: | Date of flight test: |
| Name(s) of FI conducting the test (capital letters): |
| Licence number: |
| Signature: |

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| **5.** | **Declaration by the applicant** |
| ***I have received a course of training in accordance with the syllabus for the:*** *(tick as applicable)* |
| FI certificate FI(A)/(H)/(As) |  | IRI certificate IRI(A)/(H)/(As) |  | CRI certificate CRI(A) |  |
| Applicant’s name(s) (capital letters): | Signature: |
| **6.** | **Declaration by the CFI** |
| ***I certify that*** *……………………………………………………………………* ***has satisfactorily completed an approved course of training for the***  |
| FI certificate FI(A)/(H)/(As) |  | IRI certificate IRI(A)/(H)/(As) |  | CRI certificate CRI(A) |  |
| ***in accordance with the relevant syllabus.*** |
| Flying hours during the course: |  |
| Aircraft of FSTD used: |
| Name(s) of CFI:  |
| Signature: |
| Name of ATO: |
| **7.** | **Flight instructor examiner’s certificate** |
| ***I have tested the applicant according to Part-FCL*** |
| **A. FLIGHT INSTRUCTOR EXAMINER’S ASSESSMENT** (in case of partial pass): |
| Theoretical oral examination: | Skill test: |
| ***Passed*** | ***Failed*** | ***Passed*** | ***Failed*** |
|  | *I recommend further flight or ground training with and instructor before re-test* |
|  | *I do not consider further flight or theoretical instruction necessary before re-test (tick as applicable).* |
| **B. FLIGHT INSTRUCTOR EXAMINER’S ASSESSMENT:** |
|  | FI certificate |
|  | IRI certificate |
|  | CRI certificate (tick as applicable) |
| Name(s) of FIE (capital letters): |
| Signature: |
| Licence number: | Date: |

Applicant’s name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The assessment of instructors should be made against the following performance standards** *(according to AMC1 FCL.920 (b))*:

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| **Competence** | **Passed** | **Failed** |
| Prepare resources | [ ]  | [ ]  |
| Create a climate conductive to learning | [ ]  | [ ]  |
| Present knowledge | [ ]  | [ ]  |
| Integrate TEM and CRM | [ ]  | [ ]  |
| Manage time to achieve training objectives | [ ]  | [ ]  |
| Facilitate learning  | [ ]  | [ ]  |
| Assesses trainee performance | [ ]  | [ ]  |
| Monitor and review progress | [ ]  | [ ]  |
| Evaluate training sessions | [ ]  | [ ]  |
| Report outcome | [ ]  | [ ]  |

**Assessment of Competence** *(according to FCL.935)*:

|  |  |  |
| --- | --- | --- |
| 1. **THEORETHICAL KNOWLEDGE ORAL**
 | **Passed** | **Failed** |
| 1.1. | Air law | [ ]  | [ ]  |
| 1.2. | Aircraft general knowledge | [ ]  | [ ]  |
| 1.3. | Flight performance and planning | [ ]  | [ ]  |
| 1.4. | Human performance and limitations | [ ]  | [ ]  |
| 1.5. | Meteorology | [ ]  | [ ]  |
| 1.6. | Navigation | [ ]  | [ ]  |
| 1.7. | Operational procedures | [ ]  | [ ]  |
| 1.8. | Principles of flight | [ ]  | [ ]  |
| 1.9. | Training administration | [ ]  | [ ]  |
| 1. **PRE-FLIGHT BRIEFING**
 | **Passed** | **Failed** |
| 2.1. | Visual presentation | [ ]  | [ ]  |
| 2.2. | Technical accuracy | [ ]  | [ ]  |
| 2.3. | Clarity of explanation | [ ]  | [ ]  |
| 2.4. | Clarity of speech | [ ]  | [ ]  |
| 2.5. | Instructional technique | [ ]  | [ ]  |
| 2.6. | Use of models and aids | [ ]  | [ ]  |
| 2.7. | Student participation | [ ]  | [ ]  |

Applicant’s first, last name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. **FLIGHT**
 | **Passed** | **Failed** |
| 3.1. | Arrangement of demo | [ ]  | [ ]  |
| 3.2. | Synchronisation of speech with demo | [ ]  | [ ]  |
| 3.3. | Correction of faults | [ ]  | [ ]  |
| 3.4. | Aircraft handling | [ ]  | [ ]  |
| 3.5. | Instructional technique | [ ]  | [ ]  |
| 3.6. | General airmanship and safety | [ ]  | [ ]  |
| 3.7. | Positioning and use of airspace | [ ]  | [ ]  |
| 1. **ME EXERCISES**
 | **Passed** | **Failed** |
| 4.1. | Actions following an engine failure shortly after take-off | [ ]  | [ ]  |
| 4.2. | SE approach and go-around | [ ]  | [ ]  |
| 4.3. | SE approach and landing | [ ]  | [ ]  |
| 1. **POST-FLIGHT DE-BRIEFING**
 | **Passed** | **Failed** |
| 5.1. | Visual presentation | [ ]  | [ ]  |
| 5.2. | Technical accuracy | [ ]  | [ ]  |
| 5.3. | Clarity of explanation | [ ]  | [ ]  |
| 5.4. | Clarity of speech | [ ]  | [ ]  |
| 5.5. | Instructional technique | [ ]  | [ ]  |
| 5.6. | Use of models and aids | [ ]  | [ ]  |
| 5.7. | Student participation | [ ]  | [ ]  |

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| **completed by examiner** |
| **FCL.1030(a)(1)** I have ensured that communication with the applicant can be established without language barriers. | YES [ ]  | NO [ ]  |
| **FCL.1030(a)(2)** I have verified that the applicant complies with all the qualification, training and experience requirements in Part-FCL for the issue, revalidation or renewal of the licence, rating or certificate for which the skill test, proficiency check or assessment of competence is taken. | YES [ ]  | NO [ ]  |
| **FCL.1030(a)(3)** I have made the applicant aware of the consequences of providing incomplete, inaccurate or false information related to their training and flight experience. | YES [ ]  | NO [ ]  |
| **FCL.1030(b)(1)** I have informed the applicant of the result of the test. | YES [ ]  | NO [ ]  |
| **FCL.1030(b)(1)**, In the event of a partial pass or fail: I have informed the applicant that he/she may not exercise the privileges of the rating until a full pass has been obtained and detailed any further training requirement and explain the applicant’s right of appeal. | N/A [ ]  | YES [ ]  | NO [ ]  |
| **FCL.1030(b)(3)** I have provided the applicant with a signed report of the assessment of competence | YES [ ]  | NO [ ]  |
| **FCL.1030(b)(3)(ii)** confirm that all the required manoeuvres and exercises have been completed, as well as information on the verbal theoretical knowledge examination, when applicable. If an item has been failed, I have record the reasons for this assessment. | YES [ ]  | NO [ ]  |
| **FCL.1030 (3)(iv)(v) In the case if the competent authority responsible for the applicant’s licence is not the same that issued the examiner’s certificate** |
| I hereby declare that I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have reviewed and applied the relevant national procedures and requirements of the applicant’s competent authority contained in version\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of the [Examiner Differences Document](https://www.easa.europa.eu/sites/default/files/dfu/Examiner%20Differences%20Document_version_10.2_2018-ORA%20V4.pdf). | YES [ ]  | NO [ ]  |
| I have attached to this report a copy of the examiner certificate containing the scope of my privileges as examiner. | YES [ ]  | NO [ ]  |
| **Any comment on, or disagreement with, an examiner’s test or check evaluation or assessment made during a debriefing:** |
|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Examiner’s Name, Surname / Date / Signature* |

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| **Completed by applicant** |
| I confirm that I understand and agree with all the above mentioned information and have no objections.**In the event of a partial pass or fail:** I agree [ ]  / disagree [ ]  / N/A [ ]  for re-examination with the same examiner |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant’s Name, Surname / Date / Signature |