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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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))*:

|  |  |  |
| --- | --- | --- |
| **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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |