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| **APPLICATION AND REPORT FORM****FOR INSTRUCTOR CERTIFICATE RAVALIDATION AND RENEWAL** |
| **1.** | **APPLICANTS PERSONAL PARTICULARS:** |
| Applicant’s last name(s): |  | First name(s): |  |
| Date of birth: |  | Tel.: |  |
| e-mail: |  |
| Address: |  |
| **2.** | **LICENCE DETAILS** |
| Licence type: |  | Number: |  |
| Class ratings included in the licence: |  | Exp. Date: |  |
| Type ratings included in the licence: |  |
| Other ratings included in the licence: |  |
| **3.** | **instructional flying experience** |
| *Instructors applying for revalidation of the FI certificate should enter the instructional hours flown during the preceding 36 months.* |
| single-engine | multi-engine | instrument |
| day: | night: | day: | night: |  |
| Total instructional hours (preceding 36 months): |
| Total instructional hours (preceding 12 months): |
| **4.** | **FI REFRESHER SEMINAR** |
| **1** | **This is to certify that the undersigned attended and FI seminar** |
| **2** | **Attendee’s personal particulars:** |
| Name(s): | Address: |
| Licence number: | Expiration date of FI/IRI(A)/(H)/(As) certificate |
| **3** | **Seminar particulars:** |
| Date(s) of seminar: | Place: |
| **4** | **Declaration by the responsible organiser:** |
| ***I certify that the above data are correct and that the FI seminar was carried out.*** |
| Date of approval: | Name(s) of organiser *(capital letters)*: |
| Date and place: | Signature: |
| **5** | **Declaration by the attendee:** |
| ***I confirm the data under 1 through 3*** |
| Attendee’s signature: |

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| **5.** | **ASSESSMENT OF COMPETENCE**  |
| ***………………………….…****(Name(s) of applicant)* ***has given proof of flying instructional ability during assessment of competence flight. This was done to the required standard.*** |
| Main exercise: |
| Aerodrome or site: | Total flight time: |
| Take-off time: | Landing time: |
| Pass [ ]  | Fail [ ]  | Partial Pass [ ]  | Reason(s) why, if failed: |
| Location and date: | SIM or aircraft registration: |
| Examiner’s certificate number (if applicable)*:* | Type and number of licence: |
| Signature of examiner: | Name(s) in capital letters: |

**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)*:

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

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| 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 | [ ]  | [ ]  |
| 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 [ ]  |
| According to **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)** I 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:** |
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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 |
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