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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))*:

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