

## INSTRUCTOR ASSESSMENT OF COMPETENCE TRI/SFI

### TO BE FILLED IN BY APPLICANT:

Licence type and number and CPR (if not included in licence number)		State of issue
Last name		First, middle name
Address		Postal code and city
Country	E-mail	Telephone daytime
<b>Place date and signature of the applicant</b>		

### TO BE FILLED IN BY ATO:

Name and approval number of ATO (Use stamp):			
<b>SPECIFICATION OF TRAINING</b>			
Teaching and learning	Technical training	Flight time aircraft	Flight time simulator
Crediting from other training or license (attach documentation)			
I hereby certify that the applicant has passed the required training and that the applicant fulfils the requirement for the issue of applicable certificate			
<b>Date of signature of Head of Training</b>		<b>Signature of Head of Training</b>	

### TO BE FILLED IN BY EXAMINER

Date of assessment	Licence endorsement	Assessment as TRI      SFI	Aircraft <input type="checkbox"/> Simulator <input type="checkbox"/> Type
Name of examiner		Stamp of examiner	
Authorisation no. of examiner			
I hereby verify that the applicant has passed the required training and that the applicant fulfils the requirement for the issue of applicable instructor certificate. This may be achieved with a Course Completion Certificate issued by the ATO. I also declare that I have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in the latest version of the Examiner Differences Document.			
Final result of assessment		Passed	Failed
<b>Date of signature of examiner</b>		<b>Signature of examiner</b>	

<b>EVALUATION OF INSTRUCTOR</b>	<b>(for details see AMC1 FCL.920)</b>		<b>Passed</b>	<b>Failed</b>
Prepare resources			<input type="checkbox"/>	<input type="checkbox"/>
Create a climate conducive to learning			<input type="checkbox"/>	<input type="checkbox"/>
Present knowledge			<input type="checkbox"/>	<input type="checkbox"/>
Integrate TEM or CRM			<input type="checkbox"/>	<input type="checkbox"/>
Manage time to achieve training objectives			<input type="checkbox"/>	<input type="checkbox"/>
Facilitate learning			<input type="checkbox"/>	<input type="checkbox"/>
Assesses trainee performance			<input type="checkbox"/>	<input type="checkbox"/>
Instructors inflight demonstration			<input type="checkbox"/>	<input type="checkbox"/>
Monitor and review progress			<input type="checkbox"/>	<input type="checkbox"/>
Evaluate training sessions			<input type="checkbox"/>	<input type="checkbox"/>
Report outcome			<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of instructions/regulations/requirements			<input type="checkbox"/>	<input type="checkbox"/>

<b>DETAILS OF THE FLIGHT</b>			
Destination aerodrome	On block	On ground	
Departure aerodrome	Off block	Airborne	
Aircraft registration or simulator approval number	Total block time	Total airborne time	No. of landings:

Remarks/Overall assessment/Reasons for failure (if applicable):

Name of instructor present at the Skill Test: \_\_\_\_\_

<b>Signature of examiner</b>	<b>Signature of applicant</b>
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**In accordance with ARA.GEN.315(a), (b) – (c)**

Undertegnede bekræfter hermed, at jeg ved ansøgningstidspunktet

1. ikke var i besiddelse af et personligt certifikat, rating, tilladelse eller attestation med samme anvendelsesområde og i samme kategori udstedt i en anden medlemsstat;
2. ikke har ansøgt om et personligt certifikat, rating, tilladelse eller attestation med samme anvendelsesområde og i samme kategori i en anden medlemsstat; og
3. aldrig har haft et personligt certifikat, rating, tilladelse eller attest med samme anvendelsesområde og i samme kategori udstedt i en anden medlemsstat, som er tilbagekaldt eller suspenderet i anden medlemsstat.

Note:

*Ukorrekte oplysninger vedrørende ovenstående, kan være diskvalificerende for udstedelse af certifikat, rating, tilladelse m.v.*

Undersigned hereby confirm that I at the time of application

1. was not holding any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State;
2. has not applied for any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category in another Member State; and
3. has never held any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State which was revoked or suspended in any other Member State.
- 4.

Note:

*Incorrect information regarding the above can be disqualifying for obtaining a certificate, rating, authorization, etc.*

Dato:/Date: \_\_\_\_\_

Underskrift:/Signature: \_\_\_\_\_