



Examiner Assessment of Competence Form

TO BE COMPLETED BY APPLICANT

Licence type and number and Date of Birth		Examiners Certificate number:	State of issue
Last name		First, middle name	
Address		Postal code and city	
Country	E-mail:	Telephone daytime	
Place date and signature of the applicant			

TO BE COMPLETED BY SENIOR EXAMINER

<input type="checkbox"/> Authorisation acceptance	<input type="checkbox"/> Re-authorisation	Date of test:	FCL.1000b <input type="checkbox"/>	FCL.1000c <input type="checkbox"/>					
<input type="checkbox"/> FE	<input type="checkbox"/> TRE	<input type="checkbox"/> CRE	<input type="checkbox"/> IRE	<input type="checkbox"/> SFE	<input type="checkbox"/> FIE	<input type="checkbox"/> A	<input type="checkbox"/> H	<input type="checkbox"/> Sailplane	<input type="checkbox"/> Balloon
<input type="checkbox"/> Aircraft / <input type="checkbox"/> Simulator		Type:	Registration:						
Type of test/ check observed:									
Name and FCL number :									

Of flight crew :									

EVALUATION OF EXAMINER:	Accepted	Not Accepted
Briefing the candidate	<input type="checkbox"/>	<input type="checkbox"/>
Theoretical check of candidate	<input type="checkbox"/>	<input type="checkbox"/>
Scenario	<input type="checkbox"/>	<input type="checkbox"/>
Composition and use of resources	<input type="checkbox"/>	<input type="checkbox"/>
Time management and duration	<input type="checkbox"/>	<input type="checkbox"/>
Following pre approved program/correct program	<input type="checkbox"/>	<input type="checkbox"/>
Debriefing	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>
Pass fail standard	<input type="checkbox"/>	<input type="checkbox"/>
Administration	<input type="checkbox"/>	<input type="checkbox"/>
FCL knowledge	<input type="checkbox"/>	<input type="checkbox"/>
OPS knowledge	<input type="checkbox"/>	<input type="checkbox"/>
Examiner Appearance/Behaviour	<input type="checkbox"/>	<input type="checkbox"/>
Safety	<input type="checkbox"/>	<input type="checkbox"/>
Stress	<input type="checkbox"/>	<input type="checkbox"/>
Simulating roles	<input type="checkbox"/>	<input type="checkbox"/>
FEM/examiner.dk	<input type="checkbox"/>	<input type="checkbox"/>

On the basis of my observation of above test/check I recommend that the examiner/applicant can be:		
<input type="checkbox"/> Authorised	<input type="checkbox"/> Re-authorised	<input type="checkbox"/> Not authorised
Name Senior Examiner:	Senior Examiner Authorisation no:	
Date:	Senior Examiner, Signature:	
Applicant, Signature:		

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