

FLIGHT INSTRUCTOR FI(H) HELICOPTER

Assessment of competence

FI(H) Restricted
 FI(H)
 IRI(H)
 FI(H) incl. IR
 FI(H) incl. FI
 FI(H) incl. TR SPH ME

Application and Report

form A. To be filled out by the applicant.

CPR-nr./Date of Birth:		Certifikat nr/Licence no:		Udstedende Stat/State of Licence Issue:	
Fornavn/First name(s):			Efternavn/Last name:		
Total flight time:	Total flight time P-I-C:	Total flight time P-I-C Cross- Country:	Total instructional hours:	Total instrument flight time:	
Flight time Multi-Engine helicopter (If applying for FI(H) incl. TR SPH ME)					
Total flight time PIC on SPH ME types:			Flight time on SPH ME used for Skill Test (State Type):		
Date of signature			Signature:		

B. Pre-entry Flight Test according to FCL.930.FI (if required):

Name of ATO:		
I hereby recommend the above mentioned applicant to begin Flight Instructor(H) Course		
Date of Pre-entry Flight Test	Name of FI(H) conducting the test:	Signature of FI(H):

C. To be filled out by the Examiner of Section 1:

Date of assessment:	Name of Examiner:	Examiner authorisation no.:
I hereby verify that the applicant has passed the required training and that the applicant fulfills the requirement for the issue of the applicable instructor rating section 1. 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.		
Date of signature of Examiner	Signature of Examiner	
Result of Section 1: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Remaining sections shall be completed before: (Date)	

D. To be filled out by the Examiner of Section 2 to 7:

Date of assessment:	Name of Examiner or stamp:	Examiner authorisation no.:		
I hereby verify that the applicant has passed the required training and that the applicant fulfills the requirements for the issue of the applicable instructor rating section 1. 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 Documents.				
Date of signature of Examiner	Signature of Examiner	Temporary permission to exercise privileges (copy enclosed) <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No			
Result of the assessment				
Section 2: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Section 3: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Section 4: <input type="checkbox"/> Passed <input type="checkbox"/> Failed		
Section 5: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Section 6: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Section 7: <input type="checkbox"/> Passed <input type="checkbox"/> Failed		
Final result Section 2 to 7: <input type="checkbox"/> Passed <input type="checkbox"/> Failed				

Certification by Head of Training or Chief Ground Instructor:			
Name of ATO: (Use stamp):			
I hereby certify that the applicant has passed the required theoretical training and that the applicant fulfils the requirement for the issue of:			
<input type="checkbox"/> FI(H) <input type="checkbox"/> IRI(H) <input type="checkbox"/> FI(H) incl. IR <input type="checkbox"/> FI(H) incl. TR SPH ME			
and I hereby apply for the Assessment of Competence Section 1.			
Date for start of training		Date for end of training	
Date of signature CGI		Signature of CGI	

Section 1: Theoretical Knowledge Oral			
a	Air Law	Comments:	
b	Aircraft General Knowledge		
c	Flight Performance and Planning		
d	Human Performance and Limitations		
e	Meteorology		
f	Navigation		
g	Operational Procedures		
h	Principles of Flight		
i	Training Administration		
Result Section: Passed/Failed.			Signature of Applicant:
Signature Examiner:			

Certification by Chief Flight Instructor (CFI):			
Name of ATO: (Use stamp):			
Theoretical knowledge instruction hours:		Teaching and learning hours:	
Date for start of flight training:	Date for end of flight training:	Flight time during training:	Mutual flying:
Date of signature of CFI or HT:		Signature of CFI or HT	

SECTION 2 Pre-Flight Briefing			Passed	Failed
a	Visual Presentation	Comments:		
b	Technical Accuracy			
c	Clarity of Explanation			
d	Clarity of Speech			
e	Instructional Technique			
f	Use of Models and Aids			
g	Student Participation			
Result Section 2			Passed	Failed

SECTION 3 Flight			Passed	Failed
a	Arrangements of Demo	Comments:		
b	Synchronisation of Speech with Demo			
c	Correction of Faults			
d	Helicopter handling			
e	Instructional Technique			
f	General Airmanship/Safety			
g	Positioning Use of Airspace			
Result Section 3			Passed	Failed

SECTION 4 Other Exercises			Passed	Failed	
a		Comments:			
b					
c					
d					
e					
f					
g					
Result Section 4			Passed	Failed	Not Applicable

SECTION 5 Multi-Engine Exercises			Passed	Failed
These exercises shall be demonstrated for the issue of FI(H) incl. TR SPH ME				
a	Actions following an Engine failure shortly after take-off	Comments:		
b	A single-engine approach and go around			
c	A single-engine approach and landing			
d				
e				
f				
g				
Result Section 5		Passed	Failed	Not Applicable

SECTION 6 Instrument Exercises			Passed	Failed
Comments:				
a		Comments:		
b				
c				
d				
e				
f				
g				
Result Section 6		Passed	Failed	Not Applicable:

SECTION 7 Postflight De-Briefing			Passed	Failed
Comments:				
a	Visual Presentation	Comments:		
b	Technical Accuracy			
c	Clarity of Explanation			
d	Clarity of Speech			
e	Instructional Technique			
f	Use of Models and Aids			
g	Student Participation			
Result Section 7		Passed	Failed	

Details of the flight			
Aircraft registration	On block	On ground	
Departure aerodrome	Off block	Airborne	
Destination aerodrome	Total block time	Total airborne time	No. of landings:

Remarks/Overall assessment/Reasons for failure (if applicable):	
Name of instructor present at the assessment:	
Signature of Examiner:	Signature of Applicant:

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: _____