

INSTRUCTOR ASSESSMENT OF COMPETENCE TRI/SFI

TO BE FILLED IN BY APPLICANT:

Licence type and number and Date of Birth (if not included in licence number)		State of issue
Last name		First, middle name
Address		Postal code and city
Country	E-mail	Telephone daytime
Date of signature of Applicant:		Signature of Applicant:

TO BE FILLED IN BY ATO:

Name and approval number of ATO (Use stamp):			
SPECIFICATION OF TRAINING			
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			
Date of signature of Head of Training		Signature of Head of Training	

TO BE FILLED IN BY EXAMINER

Date of assessment:	Instructor Privileges:	Assessment as:	Aircraft	Type:	SP:	MP:
	900.b	TRI:	Simulator			
	900.c	SFI:				
Issued in accordance with FCL			Temporary permission to exercise privileges (copy enclosed)			
Name of examiner			Yes No			
Authorisation no. of examiner			Stamp of examiner			
<p>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.</p> <p>I, the undersigned Examiner, hereby confirm that I possess all the necessary privileges required to conduct this test, check, or assessment. Furthermore, I declare that all my privileges are valid and in full compliance with the relevant regulatory standards.</p>						
Final result of assessment		Passed		Failed		
Date of signature of examiner			Signature of examiner			

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

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

** In case of test/check in simulator, enter time in simulator and not block time

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