

## INSTRUCTOR ASSESSMENT OR SUPERVISION

### MCCI, STI, MI, FTI

#### 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
Date of signature of the applicant		Signature of the applicant

#### TO BE FILLED IN BY ATO

Name and approval number of ATO (Use stamp):				
<b>SPECIFICATION OF TRAINING</b>				
	MCCI	STI	MI	FTI
25 hours of teaching and learning		Shall hold or have held appropriate instructors privileges	Shall hold a FI, CRI or TRI	
Technical training				Min. 10 hours Hours
Practical instruction	Min. 3 hours Hours			
Practical flight instructions		Min. 3 hours Hours		Min. 5 hours Hours
Pass a pre-entry flight test				
Crediting from other training or licence (attach documentation)				
Date of signature of Head of Training		Signature of Head of Training		

#### TO BE FILLED IN BY EXAMINER OR APPROVED INSTRUCTOR

Date of assessment	Licence endorsement	Assessment as MCCI <input type="checkbox"/> STI <input type="checkbox"/> MI <input type="checkbox"/> FTI <input type="checkbox"/>
Name of examiner or instructor		Stamp of examiner/instructor
Authorisation no. of examiner or instructor licence no.		
I hereby verify that the applicant has passed the required training and that the applicant fulfils the requirements for the test or check being performed		
Date of signature of examiner/instructor		Signature of examiner/instructor

EVALUATION OF INSTRUCTOR (for details see AMC1 FCL.920)	Passed	Failed
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"/>
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"/>

DETAILS OF THE FLIGHT			
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:

Signature of examiner or instructor

Signature of applicant

**In accordance with ARA.GEN.315(a), (b) – (c)**

Undertegnede bekræfter hermed, at jeg ved ansøgningstidspunktet

1. ikke var ikke 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:** \_\_\_\_\_