



CAA approval No.\*: \_\_\_\_\_

APPLICATION AND REPORT FORM FOR TRI/SFI ASSESSMENT OF COMPETENCE			
<b>1. Applicant's personal particulars:</b>			
First name(s):			
Last name(s)			
Date of birth:			
Phone number:			
Address:			
E-mail:			
<b>2. Licence details</b>			
Licence type:	CPL <input type="checkbox"/> ; MPL <input type="checkbox"/> ; ATPL <input type="checkbox"/>	Number:	
Class ratings included in the licence:	FI <input type="checkbox"/> ; TRI <input type="checkbox"/> ; CRI <input type="checkbox"/> ; IRI <input type="checkbox"/> ; SFI <input type="checkbox"/>		
Other ratings included in the licence:			
<b>3. Declaration by the Applicant</b>			
I have completed a training course in the prescribed program to obtain the following certification:			
<input type="checkbox"/> <b>TRI certificate</b> (according to FCL.930.TRI)		<input type="checkbox"/> <b>SFI certificate</b> (according to FCL.930.SFI)	
<input type="checkbox"/> airplane; <input type="checkbox"/> helicopter; <input type="checkbox"/> other: _____ Type: _____			
Applicants name(s) (capital letters):		Signature:	
<b>4. Declaration by the Examiner</b>			
<i>I have tested the applicant according to Part-FCL on <input type="checkbox"/> aircraft <input type="checkbox"/> FSTD</i>			
Details of test:			
<b>A. EXAMINER'S ASSESSMENT</b> (in case of partial pass):			
Theoretical oral examination:		Skill test:	
<b>Passed</b> <input type="checkbox"/>	<b>Failed</b> <input type="checkbox"/>	<b>Passed</b> <input type="checkbox"/>	<b>Failed</b> <input type="checkbox"/>
<input type="checkbox"/> <i>I recommend further flight or ground training with and instructor before re-test</i>			
<input type="checkbox"/> <i>I do not consider further flight or theoretical instruction necessary before re-test</i>			
<input type="checkbox"/> <i>I have informed the applicant that he/she may not exercise the privileges of the rating until a full pass has been obtained (tick as applicable)</i>			
<b>B. EXAMINER'S ASSESSMENT</b> (in case of pass):			
<input type="checkbox"/> <b>TRI certificate</b>		<input type="checkbox"/> <b>SFI certificate</b>	
<b>5. Examiner's particulars:</b>			
Name(s) of TRE/SFE			
Signature			
Licence number:		Date:	

\* in case of initial assessment of competence

Applicant's first, last name(s): \_\_\_\_\_

The assessment of instructors should be made against the following performance standards (according to AMC1 FCL.920 (b)):

Competence	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 and 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"/>

**Competencies and assessment** (according to FCL.935)

SECTION 1 THEORETICAL KNOWLEDGE ORAL		Passed	Failed
1.1.	Air law	<input type="checkbox"/>	<input type="checkbox"/>
1.2.	Aircraft general knowledge	<input type="checkbox"/>	<input type="checkbox"/>
1.3.	Flight performance and planning	<input type="checkbox"/>	<input type="checkbox"/>
1.4.	Human performance and limitations	<input type="checkbox"/>	<input type="checkbox"/>
1.5.	Meteorology	<input type="checkbox"/>	<input type="checkbox"/>
1.6.	Navigation	<input type="checkbox"/>	<input type="checkbox"/>
1.7.	Operational procedures	<input type="checkbox"/>	<input type="checkbox"/>
1.8.	Principles of flight	<input type="checkbox"/>	<input type="checkbox"/>
1.9.	Training administration	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 2 PRE-FLIGHT BRIEFING		Passed	Failed
2.1.	Visual presentation	<input type="checkbox"/>	<input type="checkbox"/>
2.2.	Technical accuracy	<input type="checkbox"/>	<input type="checkbox"/>
2.3.	Clarity of explanation	<input type="checkbox"/>	<input type="checkbox"/>
2.4.	Clarity of speech	<input type="checkbox"/>	<input type="checkbox"/>
2.5.	Instructional technique	<input type="checkbox"/>	<input type="checkbox"/>
2.6.	Use of models and aids	<input type="checkbox"/>	<input type="checkbox"/>
2.7.	Student participation	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's first, last name(s): \_\_\_\_\_

<b>SECTION 3 FLIGHT</b>		<b>Passed</b>	<b>Failed</b>
3.1.	Arrangement of demo	<input type="checkbox"/>	<input type="checkbox"/>
3.2.	Synchronisation of speech with demo	<input type="checkbox"/>	<input type="checkbox"/>
3.3.	Correction of faults	<input type="checkbox"/>	<input type="checkbox"/>
3.4.	Aircraft handling	<input type="checkbox"/>	<input type="checkbox"/>
3.5.	Instructional technique	<input type="checkbox"/>	<input type="checkbox"/>
3.6.	General airmanship and safety	<input type="checkbox"/>	<input type="checkbox"/>
3.7.	Positioning and use of airspace	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION 4 ME EXERCISES</b>		<b>Passed</b>	<b>Failed</b>
4.1.	Actions following an engine failure shortly after take-off	<input type="checkbox"/>	<input type="checkbox"/>
4.2.	SE approach and go-around	<input type="checkbox"/>	<input type="checkbox"/>
4.3.	SE approach and landing	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION 5 POST-FLIGHT DE-BRIEFING</b>		<b>Passed</b>	<b>Failed</b>
5.1.	Visual presentation	<input type="checkbox"/>	<input type="checkbox"/>
5.2.	Technical accuracy	<input type="checkbox"/>	<input type="checkbox"/>
5.3.	Clarity of explanation	<input type="checkbox"/>	<input type="checkbox"/>
5.4.	Clarity of speech	<input type="checkbox"/>	<input type="checkbox"/>
5.5.	Instructional technique	<input type="checkbox"/>	<input type="checkbox"/>
5.6.	Use of models and aids	<input type="checkbox"/>	<input type="checkbox"/>
5.7.	Student participation	<input type="checkbox"/>	<input type="checkbox"/>

<b>COMPLETED BY EXAMINER</b>			
FCL.1030(a)(1) I have ensured that communication with the applicant can be established without language barriers.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(a)(2) I have verified that the applicant complies with all the qualification, training and experience requirements in Part-FCL for the issue, revalidation or renewal of the licence, rating or certificate for which the skill test, proficiency check or assessment of competence is taken.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(a)(3) I have made the applicant aware of the consequences of providing incomplete, inaccurate or false information related to their training and flight experience.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(1) I have informed the applicant of the result of the test.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(1), In the event of a partial pass or fail: I have informed the applicant that he/she may not exercise the privileges of the rating until a full pass has been obtained and detailed any further training requirement and explain the applicant's right of appeal.		N/A <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
In case of Instructor certificate revalidation, I have ensured that following requirements are met:			
<u>TRI(A):</u>		<u>TRI(H):</u>	
FCL.940.TRI a)1)i) <input type="checkbox"/>	FCL.940.TRI a)2)i) <input type="checkbox"/>	FCL.940.SFI a)1) <input type="checkbox"/>	
FCL.940.TRI a)1)ii) <input type="checkbox"/>	FCL.940.TRI a)2)ii) <input type="checkbox"/>	FCL.940.SFI a)2) <input type="checkbox"/>	
FCL.1030(b)(2) in the event of a pass in assessment of competence for revalidation or renewal I endorsed the applicant's licence with the new expiry date of the rating.		Expiry date of current rating:	New rating valid until:
According to FCL.1030(b)(3) I have provided the applicant with a signed report of the assessment of competence.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(3)(ii) I confirm that all the required manoeuvres and exercises have been completed, as well as information on the verbal theoretical knowledge examination, when applicable. If an item has been failed, I have record the reasons for this assessment.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>FCL.1030 (3)(iv)(v) In the case if the competent authority responsible for the applicant's licence is not the same that issued the examiner's certificate</b>			
I hereby declare that I, _____, have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in version _____ of the <a href="#">Examiner Differences Document</a> .		YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have attached to this report a copy of the examiner certificate containing the scope of my privileges as examiner.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Any comment on, or disagreement with, an examiner's test or check evaluation or assessment made during a debriefing:</b>			
_____			
<i>Examiner's Name, Surname / Date / Signature</i>			

<b>COMPLETED BY APPLICANT</b>	
I confirm that I understand and agree with all the above mentioned information and have no objections.	
In the event of a partial pass or fail: I agree <input type="checkbox"/> / disagree <input type="checkbox"/> / N/A <input type="checkbox"/> for re-examination with the same examiner	
_____	
<i>Applicant's Name, Surname / Date / Signature</i>	