

**REPORT FORM FOR THE  
FI(S) ASSESSMENT OF COMPETENCE or  
DEMONSTRATION OF COMPETENCE**



**FALSE REPRESENTATION STATEMENT**

It is an offence under the UK Air Navigation Order to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. This offence is punishable on summary conviction by a fine and on conviction on indictment with an unlimited fine or imprisonment or both.

☐ I hereby apply for the issue of a flight instructor certificate for sailplanes ((FI(S)) in accordance with Annex III (Part-SFCL) to Regulation (EU)2018/1976, or

I hereby apply for the issue additional FI(S) privileges in accordance with Annex III (Part-SFCL) to Regulation (EU)2018/1976.

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|--|--|
| <input type="checkbox"/> TMG extension (SFCL.315(a)(4))                | <input type="checkbox"/> Sailplane cloud flying privileges(SFCL.315(a)(5)) |
| <input type="checkbox"/> TMG night rating (SFCL.315(a)(6))             | <input type="checkbox"/> Sailplane towing rating (SFCL.315(a)(5))          |
| <input type="checkbox"/> Advanced aerobatic privileges(SFCL.315(a)(5)) | <input type="checkbox"/> Banner towing rating (SFCL.315(a)(5))             |
| <input type="checkbox"/> Sailplanes excluding TMG (SFCL.315(a)(2))     | <input type="checkbox"/> Instruction for FI(S) (SFCL.315(a)(7))            |

Launch methods in accordance with SFCL.315(a)(3)

- |  |  |
|--|--|
| <input type="checkbox"/> Aero tow launch     | <input type="checkbox"/> Bungee launch |
| <input type="checkbox"/> Winch or car launch | <input type="checkbox"/> Self-launch   |

**1. Applicant's personal particulars**

Applicant's last name(s):		First name(s)	
Date of birth:	Telephone:	Email:	
Address:			Country:

**2. Licence details**

Licence number (SPL):

**3. Pre-course flying experience**

	Sailplanes excluding TMG	TMG
PIC hours:		
Total hours:		
Number of launches/ take-offs	Aero tow launch:	
	Winch launch:	
Date:	Signature of the applicant:	

**4. Pre-entry assessment (course for initial issue of FI(S) only)**

I recommend ..... for the FI(S) course.

Name of ATO/DTO:	Date of pre-entry assessment:
Name (capital letters) of HT of the ATO/DTO:	
Name (capital letters), licence number and signature of the FI(S) conducting the flight assessment (if applicable):	

**5. Declaration by the ATO/DTO**

I certify that ..... has satisfactorily completed a course of training for the FI(S) certificate in accordance with the relevant syllabus.

Flying hours during the course:	Launches during the course:
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Sailplanes, including powered sailplanes and TMGs, used:			
Name(s) of HT:			
Signature:			
Name of ATO/DTO:			
<b>FROM HERE TO BE COMPLETED BY THE EXAMINER or FI(S) qualified in accordance with SFCL.315(a)(7) and nominated by the head of training of the ATO or the DTO</b>			
<b>6. Result of the assessment of competence</b>			
Oral theoretical knowledge examination:	<input type="checkbox"/> Passed <input type="checkbox"/> Partially passed <input type="checkbox"/> Failed	Practical part:	<input type="checkbox"/> Passed <input type="checkbox"/> Partially passed <input type="checkbox"/> Failed
Reason and details in case of fail or partial pass/ other remarks as necessary:			
In case of fail: (tick as applicable)	<input type="checkbox"/> I recommend further ground training before retest. <input type="checkbox"/> I recommend further flight training with an FI(S) before retest.		
	<input type="checkbox"/> I do not consider further flight or theoretical instruction necessary before retest.		
I, the undersigning examiner or FI(S) qualified in accordance with SFCL.315(a)(7) and nominated by the head of training of the ATO or the DTO: <ul style="list-style-type: none"> <li>- have received information from the applicant regarding their experience and instruction, and found that experience and instruction comply with the applicable requirements of Annex III (Part-SFCL) to Regulation (EU) 2018/1976;</li> <li>- confirm that all the required manoeuvres and exercises have been completed, unless specified otherwise above in the case of fail; and</li> <li>- where applicable, have reviewed and applied the national procedures and requirements of the applicant's competent authority which is different from the competent authority that issued my examiner certificate.</li> </ul>			
Examiner's certificate number (if applicable):		SPL number:	
Name (capital letters):		Date and signature:	
<b>7. Attachments</b>			
Detailed report as per AMC2 SFCL.345 to be attached (next page). Copy of the FE(S) certificate (in cases where the competent authority of the applicant is different from the competent authority of the examiner)			

<b>FI(S) – Assessment of competence</b> <b>Detailed report (AMC2 SFCL.345) or</b> <b>Demonstration of Competence</b>		Examiner's initials
<b>SECTION 1: ORAL THEORETICAL KNOWLEDGE EXAMINATION</b>		
1.1 Air law		
1.2 Aircraft general knowledge		
1.3 Flight performance and planning		
1.4 Human performance and limitations		
1.5 Meteorology		
1.6 Navigation		
1.7 Operational procedures		
1.8 Principles of flight		
1.9 Training administration		
<b>SECTION 2: PRE-FLIGHT BRIEFING</b>		
2.1 Visual presentation		
2.3 Technical accuracy (BGA does not know why 2.2 is missing; was the same in AMC3 FCL.935)		
2.4 Clarity of explanation		
2.5 Clarity of speech		
2.6 Instructional technique		
2.7 use of models sand aids		
2.8 Student participation		
<b>SECTION 3: FLIGHT</b>		
3.1 Arrangement of demonstration		
3.2 Synchronisation of speech with demonstration		
3.3 Correction of faults		
3.4 Aircraft handling		
3.5 Instructional technique		
3.6 General airmanship and safety		
3.7 Positioning and use of airspace		
<b>SECTION4: POST-FLIGHT DE-BRIEFING</b>		
4.1 Visual presentation		
4.2 Technical accuracy		
4.3 Clarity of explanation		
4.4 Clarity of speech		
4.5 Instructional technique		
4.6 Use of models and aids		
4.7 Student participation		