CIVIL AVIATION AUTHORITY
CZECH REPUBLIC
CAA-SL-FS-0-012-24
Flight Division

APPLICATION AND REPORT FORM FOR ASSESSMENT OF COMPETENCE TRI SPA – initial, extension for another type, LIFUS, LT			
1	**Applicants personal particulars**		
First name(s):		Initial:	YES ☐ / NO ☐
		Extension to another type:	YES ☐ / NO ☐
Last Name(s):		Restriction to FSTD (r):	YES ☐ / NO ☐
		Restriction to FSTD removal:	YES ☐ / NO ☐
Date of Birth:		LIFUS:	YES ☐ / NO ☐
		Landing training:	YES ☐ / NO ☐
Licence type and No:		**TRI – type of aeroplane:**	
2	**TRI(SPA) – Initial issue**		
2 A:	**Prerequisites - An applicant for a TRI certificate shall:**		
Hold a CPL, MPL or ATPL pilot licence on the applicable aircraft category:		CHECKED ☐	
12 months preceding the date of application completed 30 route sectors, including take-offs and landings, as PIC on the applicable aeroplane type, of which 15 sectors may be completed in an FFS representing that type		sectors on aeroplane sectors on FSS	
Have competed at least 500 hours flight time as pilot on aeroplanes, including 30 hours as PIC on the applicable type of aeroplane; or hold or have held an FI certificate for multi-engine aeroplanes with IR(A) privileges		hours of flight time on aeroplanes hours PIC on the applicable type ☐ FI(A) certificate (as required)	
2 B:	**Training course:**		
Training initiated on (date):		Terminated on (date):	
Name of the ATO:		Approval certificate No:	
Teaching and learning:		hours or credit ☐	min. 25 hours
Technical training:		hours	min. 10 hours
Flight instruction on the appropriate FSTD:		hours	min. 5 hours
Flight instruction on the aeroplane:		hours	
Name of HT:		Signature:	
2 C:	**Declaration by the applicant**		
I have received a course of TRI (SPA) training in accordance with the syllabus.			
Date:		Signature:	

3	TRI(SPA) – Extension to another type		
3 A:	**Prerequisites - An applicant for extension of the privileges of TRIs to further type shall:**		
Hold a TRI(A) instructor certificate:		CHECKED ☐	
12 months preceding the application complete 15 route sectors, including take-offs and landings on the applicable aircraft type, of which of maximum of 7 sectors may be completed in an FSTD			sectors on aeroplane sectors on FSTD
3 B:	**Training course:**		
Training initiated on (date):		Terminated on (date):	
Name of the ATO:		Approval certificate No:	
Technical training:		hours	
Flight instruction on the appropriate FSTD:		hours	
Flight instruction on the aeroplane:		hours	
Name of HT:		Signature:	
3 C:	**Declaration by the applicant**		
I have received a course of TRI (SPA) training in accordance with the syllabus.			
Date:		Signature:	
Training initiated on (date):		Terminated on (date):	
Name of the ATO:		Approval certificate No:	

4	Assessment of competence						
Theoretical oral examination:				Skill test:			
PASS	☐	FAIL	☐	PASS	☐	FAIL	☐
FSTD (aeroplane type):				FSTD ID code:			
Type of aeroplane:				Registration:			
Aerodrome or site:				Total time:			
Departure:				Arrival:			
Name of Examiner (in capital letters):							
Number of Examiner's Licence:				Examiner's Certificate Number:			
Location and Date:							
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 Examiner Differences Document.							
Signature of Examiner:				Signature of Applicant:			

4 A	FCL.920 Instructor competencies and assessment, FCL.935 Assessment of competence			
Competence	**Performance**	**Knowledge**	**PASS**	**FAIL**
Prepare resources	(a) ensures adequate facilities; (b) prepares briefing material; (c) manages available tools; (d) plans training within the training envelope of the training platform, as determined by the ATO (Note: See GM1 ORA.ATO.125 point (f)).	(a) understand objectives; (b) available tools; (c) competency-based training methods; (d) understands the training envelope of the training platform, as determined by the ATO (Note: See GM1 ORA.ATO.125 point (f)) and avoids training beyond the boundaries of this envelope	☐	☐
Create a climate conducive to learning	(a) establishes credentials, role models appropriate behaviour; (b) clarifies roles; (c) states objectives; (d) ascertains and supports student pilot's needs.	(a) barriers to learning; (b) learning styles.	☐	☐
Present knowledge	(a) communicates clearly; (b) creates and sustains realism; (c) looks for training opportunities	teaching methods	☐	☐
Integrate TEM and CRM	(a) makes TEM and CRM links with technical training; (b) for aeroplanes: makes upset prevention links with technical training	(a) TEM and CRM; (b) Causes and countermeasures against undesired aircraft states	☐	☐
Manage time to achieve training objectives	Allocates the appropriate time to achieve competency objective.	syllabus time allocation	☐	☐
Facilitate learning	(a) encourages trainee participation; (b) shows motivating, patient, confident and assertive manner; (c) conducts one-to-one coaching; (d) encourages mutual support.	(a) facilitation; (b) how to give constructive feedback; (c) how to encourage trainees to ask questions and seek advice.	☐	☐
Assesses trainee performance	(a) assesses and encourages trainee self-assessment of performance against competency standards; (b) makes assessment decision and provides clear feedback; (c) observes CRM behaviour.	(a) observation techniques; (b) methods for recording observations.	☐	☐
Monitor and review progress	(a) compares individual outcomes to defined objectives; (b) identifies individual differences in learning rates; (c) applies appropriate corrective action.	(a) learning styles; (b) strategies for training adaptation to meet individual needs.	☐	☐
Evaluate training sessions	(a) elicits feedback from student pilots; (b) tracks training session processes against competence criteria; (c) keeps appropriate records	(a) competency unit and associated elements; (b) performance criteria.	☐	☐
Report outcome	Reports accurately using only observed actions and events.	(a) phase training objectives; (b) individual versus systemic weaknesses.	☐	☐
Oral theoretical examinations on the ground, pre-flight and post-flight briefings and inflight demonstrations in the appropriate aircraft class, type or FSTD:				
Exercises adequate to evaluate the instructor's competencies:				

Appendix 1:

5:	**Additional training: LIFUS**	
5 A:	FSTD instruction: To be completed by the Instructor providing the instruction:	
Training completed on (date):		Duration of the training: hours
FSTD (aeroplane type):		FSTD ID code:
Name of instructor: (in capital letters)		Type and number of licence (instructor):
Signature of instructor:		Date of signature:
5 B:	Aeroplane instruction: To be completed by the Instructor providing the instruction:	
Training completed on (date):		Duration of the training: hours
Type of aeroplane:		Aeroplane registration:
Name of instructor: (in capital letters)		Type and number of licence (instructor):
Signature of instructor:		Date of signature:
5 C:	Supervision report: to be filled by TRI(A) nominated by the ATO	
I certify the applicant has conducted a LIFUS training completed within a route sector under my supervision and to my satisfaction.		
Type of aeroplane:		Aeroplane registration:
Name of instructor: (in capital letters)		Type and number of licence (instructor):
Signature of instructor:		Date of report:
5 D:	ATO confirmation	
Name of the ATO:		Approval certificate No:
I confirm the nomination of (name and licence number of instructor):		
Name of HT:		Signature:
5 E:	**Declaration by the applicant**	
I have received additional LIFUS training:		
Date:		Signature:

Appendix 2:

6:	**Additional training: Landing training (LT)**	
6 A:	FSTD instruction: To be completed by the Instructor providing the instruction:	
Training completed on (date):		Duration of the training: hours
FSTD (aeroplane type):		FSTD ID code:
Name of instructor: (in capital letters)		Type and number of licence (instructor):
Signature of instructor		Date of signature:
6 B:	Supervision report: to be filled by TRI(A) nominated by the ATO	
I certify the applicant has conducted a role-play flying for landing training completed under my supervision and to my satisfaction. The training covered: traffic pattern, touch-and-go, go-around, and full-stop landing with different flap settings.		
Type of aeroplane:		Aeroplane registration:
Name of instructor: (in capital letters)		Type and number of licence (instructor):
Signature of instructor:		Date of report:
6 C:	ATO confirmation	
Name of the ATO:		Approval certificate No:
I confirm the nomination of (name and licence number of instructor):		
Name of HT:		Signature:
6 D:	**Declaration by the applicant**	
I have received additional landing training:		
Date:		Signature: