

CIVIL AVIATION AUTHORITY



EXAMINER ASSESSMENT OF COMPETENCE TEST

1. NOMINEE DETAILS

Name: (in Block Capitals)

Date of Birth: Licence Type and No:

Address:

Tel: Email:

2. EXAMINER ASSESSMENT OF COMPETENCE TEST FOR

Authorisation	<input type="checkbox"/>	Revalidation	<input type="checkbox"/>	Renewal	<input type="checkbox"/>	Additional type	<input type="checkbox"/>	Date of test	
TRE	<input type="checkbox"/>	SFE	<input type="checkbox"/>	Aeroplane type			Helicopter type		

Name of Flight Crew Member(s):		Licence no:	
		Licence no:	

3. EVALUATION OF EXAMINER	TO BE COMPLETED BY CAA INSPECTOR OR SENIOR EXAMINER			
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	Accepted	Not Accepted
Training / PC planning		
Briefing to flight crew		
Briefing for simulator escape and emergency procedures		
Briefing for simulator differences		
Assessment of Simulator condition / Defects/ Authority approvals		
Examiner adherence to session schedule (timeframe / deviation)		
Recovering of failures and mistakes made by the pilot / crew team		
Examiner fairness, calmness, leadership and CRM		
Management of the session		
Management of documentation		
Assessment of the performance of the flight crew on test/check		
Conduct of de-briefing		
Knowledge of instructions/regulations/requirements		
Recent experience as instructor/examiner		

4. CAA INSPECTOR OR SENIOR EXAMINER CONCLUSION	PASS*	FAIL*
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On the basis of my AoC test result candidate Examiner Certificate can* / cannot* be:

Issued	<input type="checkbox"/>	Renewed	<input type="checkbox"/>	Revalidated	<input type="checkbox"/>
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Name Senior Examiner:	Authorisation No:
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Date:	Signature:
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Applicant, Signature:

5. CAA INSPECTOR OR SENIOR EXAMINER REMARK