



# CIVIL AVIATION AUTHORITY CZECH REPUBLIC

CAA-F-ZLP-028-0-22

Flight Division

| APPLICATION AND REPORT FORM FOR INITIAL ISSUE / EXTENSION OF STI   |  |                          |  |   |  |                                  |              |
|--|--|--------------------------|--|---|--|----------------------------------|--------------|
| <b>1 Applicants personal particulars</b>   |  |                          |  |   |  |                                  |              |
| Last name(s):  |  |                          |  | Initial: <input type="checkbox"/> / Extension: <input type="checkbox"/>   |  |                                  |              |
|  |  |                          |  | Requested privileges PPL: YES <input type="checkbox"/> / NO <input type="checkbox"/>  |  |                                  |              |
| First name(s):   |  |                          |  | Requested privileges CPL: YES <input type="checkbox"/> / NO <input type="checkbox"/>  |  |                                  |              |
|  |  |                          |  | Requested privileges IR: YES <input type="checkbox"/> / NO <input type="checkbox"/>   |  |                                  |              |
| Licence type and No:   |  |                          |  | Requested privileges class rating: SEP <input type="checkbox"/> / SET <input type="checkbox"/> / MEP <input type="checkbox"/> |  |                                  |              |
|  |  |                          |  | Requested privileges type rating for:   |  |                                  |              |
|  |  |                          |  | MPL core flying skills training: YES <input checked="" type="checkbox"/>  |  |                                  |              |
| <b>2 SFI(SPA) – Initial issue</b>  |  |                          |  |   |  |                                  |              |
| <b>2 A: Prerequisites - An applicant for a SFI certificate shall:</b>  |  |                          |  |   |  |                                  |              |
| Hold, or have held within the 3 years prior to the application, a pilot licence and instructional privileges appropriate to the courses on which instruction is intended:  |  |                          |  |   |  | CHECKED <input type="checkbox"/> |              |
| Have completed in an FSTD the relevant proficiency check for the class or type rating, in the period of 12 months immediately preceding the application:   |  |                          |  |   |  | CHECKED <input type="checkbox"/> |              |
| <b>2 B: Training course:</b>   |  |                          |  |   |  |                                  |              |
| FSTD (aeroplane type):   |  |                          |  | FSTD ID code:   |  |                                  |              |
| Training initiated on (date):  |  |                          |  | Terminated on (date):   |  |                                  |              |
| Name of the ATO:   |  |                          |  | Approval certificate No:  |  |                                  |              |
| Flight instruction related to the duties of an STI in an FFS, FTD 2/3 or FNPT II/III, under the supervision of an FIE. These hours of flight instruction under supervision shall include the assessment of the applicant's competence as described in FCL.920. |  |                          |  |   |  | hours                            | min. 3 hours |
| Name of HT:  |  |                          |  | Signature:  |  |                                  |              |
| <b>3 Assessment of competence</b>  |  |                          |  |   |  |                                  |              |
| Theoretical oral examination:  |  |                          |  | Skill test:   |  |                                  |              |
| PASS   |  | <input type="checkbox"/> |  | FAIL  |  | <input type="checkbox"/>         |              |
| PASS   |  | <input type="checkbox"/> |  | FAIL  |  | <input type="checkbox"/>         |              |
| Departure:   |  |                          |  | Arrival:  |  |                                  |              |
| Name of Examiner (in capital letters):   |  |                          |  |   |  |                                  |              |
| Number of Examiner's Licence:  |  |                          |  | Examiner's Certificate Number:  |  |                                  |              |
| Date and location:   |  |                          |  |   |  |                                  |              |
| I hereby declare that I have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in Examiner Differences Document version:   |  |                          |  |   |  |                                  |              |
| Signature of Examiner:   |  |                          |  | Signature of Applicant:   |  |                                  |              |

| 4 FCL.920 Instructor competencies and assessment, FCL.935 Assessment of competence   |  |   |                          |                          |
|--|--|---|--------------------------|--------------------------|
| Competence   | Performance  | Knowledge   | PASS                     | FAIL                     |
| Prepare resources  | (a) ensures adequate facilities;<br>(b) prepares briefing material;<br>(c) manages available tools;<br>(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;<br>(b) available tools;<br>(c) competency-based training methods;<br>(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 | <input type="checkbox"/> | <input type="checkbox"/> |
| Create a climate conducive to learning   | (a) establishes credentials, role models appropriate behaviour;<br>(b) clarifies roles;<br>(c) states objectives;<br>(d) ascertains and supports student pilot's needs.  | (a) barriers to learning;<br>(b) learning styles.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Present knowledge  | (a) communicates clearly;<br>(b) creates and sustains realism;<br>(c) looks for training opportunities   | teaching methods  | <input type="checkbox"/> | <input type="checkbox"/> |
| Integrate TEM and CRM  | (a) makes TEM and CRM links with technical training;<br>(b) for aeroplanes: makes upset prevention links with technical training   | (a) TEM and CRM;<br>(b) Causes and countermeasures against undesired aircraft states  | <input type="checkbox"/> | <input type="checkbox"/> |
| Manage time to achieve training objectives   | Allocates the appropriate time to achieve competency objective.  | syllabus time allocation  | <input type="checkbox"/> | <input type="checkbox"/> |
| Facilitate learning  | (a) encourages trainee participation;<br>(b) shows motivating, patient, confident and assertive manner;<br>(c) conducts one-to-one coaching;<br>(d) encourages mutual support.   | (a) facilitation;<br>(b) how to give constructive feedback;<br>(c) how to encourage trainees to ask questions and seek advice.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Assesses trainee performance   | (a) assesses and encourages trainee self-assessment of performance against competency standards;<br>(b) makes assessment decision and provides clear feedback;<br>(c) observes CRM behaviour.  | (a) observation techniques;<br>(b) methods for recording observations.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Monitor and review progress  | (a) compares individual outcomes to defined objectives;<br>(b) identifies individual differences in learning rates;<br>(c) applies appropriate corrective action.  | (a) learning styles;<br>(b) strategies for training adaptation to meet individual needs.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Evaluate training sessions   | (a) elicits feedback from student pilots;<br>(b) tracks training session processes against competence criteria;<br>(c) keeps appropriate records   | (a) competency unit and associated elements;<br>(b) performance criteria.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Report outcome   | Reports accurately using only observed actions and events.   | (a) phase training objectives;<br>(b) individual versus systemic weaknesses.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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:  |  |   |                          |                          |

|  |  |                                |
|--|--|--------------------------------|
| <b>5</b>   | <b>STI – extension to other FSTDs representing further types of aeroplanes</b> |                                |
| Training initiated on (date):  |  | Terminated on (date):          |
| Name of the ATO:   |  | Approval certificate No:       |
| <b>The privileges may be extended to other FSTDs representing further types of aircraft if in the period of 12 months immediately preceding the application the holders have:</b>  |  |                                |
| a) Completed the FSTD content of the CRI or TRI course on the class or type of aircraft for which instructional privileges are sought  |  | ATO statement:                 |
| FSTD (airplane type):  |  | FSTD ID code:                  |
| Name of HT:  |  | Signature:                     |
| b) Passed in the FSTD on which flight instruction is to be conducted, the applicable section of the proficiency check in accordance with Appendix 9 to Part-FCL for the appropriate class or type of aircraft. (attach application and report form):   |  |                                |
| c) Conducted, on a CPL, an IR, a PPL or a class or type rating course, at least 3 hours of flight instruction under the supervision of an FI, a CRI(A), an IRI or a TRI nominated by the ATO for this purpose, including at least 1 hour of flight instruction that is supervised by an FIE in the appropriate aircraft category |  | ATO statement:                 |
| FSTD (airplane type):  |  | FSTD ID code:                  |
| Name of HT:  |  | Signature:                     |
| Name of Examiner (in capital letters):   |  | Examiner's Certificate Number: |
| Location and Date:   |  | Signature:                     |