SWEDISH TRANSPORT AGENCY

Assessment of Competence Instructor Sailplane, initial issue and recency

INSTRUCTOR SAILPLANE

APPLICATION AND REPORT FORM FOR THE FI (S) ASSESSMENT OF COMPETENCE ACCORDING TO AMC3 SFCL.345 TO COMMISSION REGULATION (EU) NO 2018/1976 EFFECTIVE 9 JULI 2019

A. To be completed by the examiner

AoC (initial issue) ☐	AoC (recency) ☐

B. To be completed by the examiner

Date of test

C. To be completed by the applicant

Date of birth(yyyy-mm-dd)		
State of licence issue		Licence no
Last name		First and middle names
Street or box		Country
Postal code	City	
Telephone number	E-mail address	
Place		Date
Signature of applicant		

Applicant verification of compliance according to ARA.GEN.315 and AMC1 ARA.GEN.315 (c) (See instructions, page 7) ☐

Additional privileges: (tick as applicable)

TMG extension ☐	TMG night rating ☐	Advanced aerobatic privileges ☐	Sailplane cloud flying privileges ☐	Sailplane towing rating ☐	Banner towing rating ☐

Launching methods: (tick as applicable)

Aero Tow launch ☐	Winch launch ☐	Bungee launch ☐	Self-launch ☐

The documents shall be scanned as a PDF-file and sent by e-mail to: certifikat.w3d3@transportstyrelsen.se or by mail to: Transportstyrelsen 601 73, Norrköping

TSL7212, v01.00, 2020-10-22

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D. To be completed by Training organisation

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

Declaration by the training organisation

Name of training organisation	Date of pre-entry assessment
Date	Name in block letters

Practical training during course

Flight time	Dual flight time	Solo flight time	Number of flights	Number of solo flights	XC flight
Sailplane, powered sailplane or TMGs used					

E. To be completed by the examiner

Result of the test	Passed ☐	Partial passed ☐	Failed ☐
Theoretical knowledge examination:		Passed ☐	Failed ☐
Practical part:		Passed ☐	Failed ☐
Temporary permission to exercise privileges issued ☐			

In case of fail: (tick as applicable)

I recommend further ground training before retest ☐	I recommend further flight training with an FI(S) before retest ☐	I do not consider further flight or theoretical instruction necessary before retest ☐

Place	Date
	Stamp
Examiner's certificate number	Signature of examiner

F.a

Before Test	
☐ Valid medical certificate class 1	☐ In case of non-Swedish examiner, required documentation attached (see page 6 section F.a)
☐ Valid medical certificate class 2	
☐ Valid medical certificate LAPL	All pre-requisites checked, documented as required in section C and D, and confirmed
Valid R/T certificate class Swedish ☐ English ☐	
☐ Valid license	
☐ Valid language proficiency (Not mandatory)	
☐ Meets experience requirements for relevant instructor rating	
☐ Personal identification card	
☐ Pre-entry test performed (initial issue of FI(S))	Sign (examiner)

F.b

Test lecture, subject
Flight Lesson 1
Flight Lesson 2 (If pertinent)

G.

SECTION 1 **THEORETICAL KNOWLEDGE ORAL**		Instructors initials when training completed	Pass	Fail
Use of checklist, airmanship (control of TMG by external visual reference, de-icing procedure etc.) apply in all sections.				
1.a	Air law		☐	☐
1.b	Aircraft general knowledge		☐	☐
1.c	Flight performance and planning		☐	☐
1.d	Human performance and limitations		☐	☐
1.e	Navigation		☐	☐
1.f	Operational procedures		☐	☐
1.g	Training administration		☐	☐
		Examiners initials when test section is completed		

SECTION 2 **PRE-FLIGHT BRIEFING**		Instructors initials when training completed	Pass	Fail
2.a	Visual presentation		☐	☐
2.b	Technical accuracy		☐	☐
2.c	Clarity of explanation		☐	☐
2.d	Clarity of Speech		☐	☐
2.e	Instructional technique		☐	☐
2.f	Use of models and aids		☐	☐
2.g	Student participation		☐	☐
		Examiners initials when test section is completed		

SECTION 3 **FLIGHT**		Instructors initials when training completed	Pass	Fail
3.a	Arrangement of demo		☐	☐
3.b	Synchronisation of speech with demo		☐	☐
3.c	Correction of faults		☐	☐
3.d	Aircraft handling		☐	☐
3.e	Instructional technique		☐	☐
3.f	General airmanship/safety		☐	☐
3.g	Positioning, use of airspace		☐	☐
		Examiners initials when test section is completed		

SECTION 4 **POST FLIGHT DE-BRIEFING**		Instructors initials when training completed	Pass	Fail
4.a	Visual presentation		☐	☐
4.b	Technical accuracy		☐	☐
4.c	Clarity of explanation		☐	☐
4.d	Clarity of speech		☐	☐
4.e	Instructional technique		☐	☐
4.f	Use of models and aids		☐	☐
4.g	Student participation		☐	☐
		Examiners initials when test section is completed		

H. Details of the flight

Registration of sailplane/TMG	Number of flights	Block off	Take-off
Aerodrome departure		Block on	On-ground
Aerodrome arrival		Total block time	Total flight time
Type/variant		Pilot in command (FE)	

I. Remarks

Item no	Comment

J. ADDITIONAL INFORMATION REGARDING THE TEST

K. DE BRIEFING

Disagreements with or comments on examiner´s report	
Date	Signature of applicant

Instructions for completing form TSL7212 Assessment of completence instructor sailplane, initial and recency

A.	Please tick the appropriate boxes. Do note that if an AoC is done with the sole purpose of extending the privileges to another type/class, where the applicant does not meet the experience requirements, you shall just tick “extension” and describe this purpose under point J “additional information”. **The skill test for initial issue of an FI(S) shall be conducted in sailplane, excluding TMGs.**
B.	Please enter the complete information.
C.	Personal information of the applicant. **AMC1 ARA.GEN.315 Applicant VERIFICATION OF COMPLIANCE** By ticking this box you certify that you: (1) do not hold any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State; (2) has not applied for any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category in another Member State; and (3) has never held any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State which was revoked or suspended in any other Member State. Incorrect information could disqualify you from being granted a personnel licence, certificate, rating, authorization or attestation
D.	This section is to be completed by the Head of Training of the ATO/DTO. By signing the HT certifies that the applicant has satisfactorily completed an approved course of training for the FI(S) certificate in accordance with the relevant syllabus.
E.	The result of the test. If fail in one of the sections, oral or practical, the test is partially passed. If fail in both sections the test is failed. By signing the examiner; - 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; - confirm that all the required manoeuvres and exercises have been completed, unless specified otherwise above in the case of fail; - 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.
F.a	This section is a checklist of prerequisites for the examiner to check before the test/check. Text within brackets ( ) refers to the rating applied for. Please note that the examiner must sign and thus affirm that he has checked all prerequisites before the test. . In case of non-Swedish examiner, the following attachments are required; The Examiners certificate documents including copy of the license
F.b.	Enter the subject of the test lecture and the flight exercises conducted
G.	Protocol.
H.	Details of the flight.
I.	Comments regarding tested items, please indicate the item commented.
J.	Any additional information regarding the conditions during test, simulators etc.
K.	Only required if disagreements or comments on Examiner´s report/remarks is provided by the applicant.