

APPLICATION AND REPORT FORM FOR THE TRI / SFI ASSESSMENT
OF COMPETENCE

Applicant's personal data			
First name:		Last name:	
Date of birth:		Phone No.:	
Address:		Country:	
Licence details			
Licence type:			
Licence number:			
Rating for which the certificate will be issued/revalidated/renewed/extended:	1.	Validity:	
	2.	Validity:	
	3.	Validity:	
Date of previous AoC (in case of revalidation):			

Pre-course flying experience			
Total flying hours:	Flying hours on type:	PIC MPA/H (hours):	PIC SPA/H (hours):

TRI / SFI Training Course			
TRI certificate - TRI (A) / (H) ☐		SFI certificate – SFI (A) / (H) ☐	
Name of ATO			
Flying hours during the course:		Aircraft ☐	FSTD ☐
Head of Training name:		Head of Training signature:	
Applicant's name:		Applicant's signature:	

Flight details - AoC:		☐ on aircraft		☐ on simulator	
For the:	☐ issue	☐ revalidation	☐ renewal	☐ extension of privilege(s)	☐ removal restriction
Date of AOC:		Type of aircraft:		Registration:	

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Result of the assessment:	Pass ☐	Fail ☐	Partial pass ☐
Seat of the candidate	Left ☐	Right ☐	Instructor seat ☐
Applicant's signature:			

Examiner's data			
First and last name:			
Type of authorisation and certificate no.:		Validity:	
Signature:			

Section 1 – Pre-flight Briefing				
		Passed	Failed	Examiner's initials
a	Objectives of the training and role as instructor			
b	Climate of conducive learning			
c	Preparation and planning including presentation technique			
d	Instructional technique			
e	Integration & development of airmanship, CRM and TEM			
f	Interaction with trainees			
g	Ability to correctly observe, record and evaluate			
Section 2 – Conduct of Training session				
		Passed	Failed	Examiner's initials
a	The need to give the "trainee" precise instruction			
b	Responsibility for safe conduct of the simulator session			
c	Intervention by the instructor and correction of errors and techniques			
d	Creating a realistic scenario including positioning of the aircraft			
e	Simulator handling and Instructor Operating Station (IOS) management including handling of simulator deficiencies			
f	Interaction with trainee			
g	Time management and pace to achieve training objectives			

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h	Technical and procedural accuracy including application of Standard Operating Procedures (SOP) and correct use of Radio Telephony (RT)			
i	Integration of Threat and Error Management (TEM) and Crew Resource Management (CRM)			
j	Instructional technique			
k	Intervention technique			
l	Keeping factual and objective notes			
Section 2 – Conduct of Training session				
		Passed	Failed	Examiner's initials
a	The need to give the "trainee" precise instruction			
b	Responsibility for safe conduct of the simulator session			
c	Intervention by the instructor and correction of errors and techniques			
d	Creating a realistic scenario including positioning of the aircraft			
e	Simulator handling and Instructor Operating Station (IOS) management including handling of simulator deficiencies			
f	Interaction with trainee			
g	Time management and pace to achieve training objectives			
h	Technical and procedural accuracy including application of Standard Operating Procedures (SOP) and correct use of Radio Telephony (RT)			
Section 3 – Trainee Assessment				
		Passed	Failed	Examiner's initials
a	Questioning and interaction with trainee(s)			
b	Trainee assessment / grading			
Section 4 – Flight / FSTD debriefing				
		Passed	Failed	Examiner's initials
a	Presentation and discussion of observations			
b	Training evaluation, progress review and reporting outcome			
c	Structuring and time planning			



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d	Presentation technique			
e	Clarity of explanation			
f	Student participation			
Section 5 – Documentation				
		Passed	Failed	Examiner's initials
a	Training form / Trainee file			
b	Notification procedures of any repeated or deferred items			
Section 6 – Demonstration of theoretical knowledge				
		Passed	Failed	Examiner's initials
A	The applicant shall demonstrate to the Examiner a satisfactory theoretical knowledge with the function of SFI / TRI			

Type Rating examiner's assessment (TRE), in case of partial pass:		
Theoretical examination: oral	Passed ☐	Failed ☐
FSTD / Airplane	Passed ☐	Failed ☐
I recommend further flight or ground training with an instructor before re-test	☐	
I do not consider further flight or theoretical instruction necessary before re-test	☐	

Remarks:	
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APPLICANT'S DECLARATION / IZJAVA KANDIDATA

I declare that the information provided on this form is correct and I have been informed of the result of the skill test, proficiency check or assessment of competence.

Izjavljujem kako su podaci na ovom obrascu točni, te kako sam upoznat s rezultatom ispita praktične osposobljenosti, provjere stručnosti ili procjene stručnosti.

Name <i>Ime</i>		Signature <i>Potpis</i>		Date <i>Datum</i>	
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EXAMINER SHALL BEFORE TEST / ISPITIVAČ ĆE PRIJE TESTA:

- (1) ensure that communication with the applicant can be established without language barriers;
- (2) verify that the applicant complies with all the qualification, training and experience requirements in Part-FCL for the issue, revalidation or renewal of the licence, rating or certificate for which the skill test, proficiency check or assessment of competence is taken;
- (3) make the applicant aware of the consequences of providing incomplete, inaccurate or false information related to their training and flight experience.

- (1) *osigurati da komunikacija s podnositeljem zahtjeva može biti uspostavljena bez jezičnih prepreka*
- (2) *potvrditi da podnositelj zahtjeva ispunjava sve kvalifikacije, zahtjeve osposobljavanja i iskustva Dijela-FCL za stjecanje, produžavanje ili obnavljanje dozvole, ovlaštenja ili certifikata za koji se ispit praktične osposobljenosti, provjera stručnosti ili procjena stručnosti provodi*
- (3) *upoznati podnositelja zahtjeva s posljedicama dostavljanja nepotpunih, netočnih ili neistinitih informacija vezano uz njihovo osposobljavanje i letačko iskustvo*

EXAMINER'S DECLARATION:

I DECLARE THAT I received information from the applicant regarding his/her experience and instruction, and found that experience and instruction complying with the applicable requirements in Part-FCL.

IZJAVLJUJEM kako sam primio sve informacije od kandidata vezano za njegovo iskustvo i osposobljavanje, i potvrdio da su iskustvo i osposobljavanje u skladu s primjenjivim zahtjevima Dijela-FCL.

EXAMINER'S CONFIRMATION:

I confirm that all the required manoeuvres and exercises have been completed, and that the applicant's theoretical knowledge has been confirmed by verbal examination (where applicable).

Potvrđujem kako su svi zahtijevani manevri i vježbe provedeni, te je potvrđeno kandidatovo teorijsko znanje usmenim ispitivanjem (kada je primjenjivo)

Name <i>Ime</i>		Signature <i>Potpis</i>		Date <i>Datum</i>	
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ADDITIONAL DECLARATION FOR non-CCAA EXAMINERS / DODATNA IZJAVA ZA non-CCAA ISPITIVAČE

'I hereby declare that I have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in version _____ (insert document version, i.e. 01-2014) of the Examiner Differences Document, as published by EASA.

Ovim putem izjavljujem kako sam se upoznao i primijenio relevantne nacionalne zahtjeve i procedure tijela nadležnog za izdavanje dozvole podnositelja zahtjeva koje se nalaze u verziji _____ (upiši broj verzije dokumenta, npr. 01-2014) Examiners Difference Dokumenta, izdanog od strane EASA-e

Name <i>Ime</i>		Signature <i>Potpis</i>		Date <i>Datum</i>	
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Examiners remarks from skill test/ proficiency check / assessment of competence:
*Primjedbe i napomene ispitivača s ispita praktične osposobljenosti / provjere stručnosti / procjene
stručnosti*