



# CIVIL AVIATION AUTHORITY CZECH REPUBLIC

CAA-F-ZLP-025-0-22

Flight Division

APPLICATION AND REPORT FORM FOR ASSESSMENT OF COMPETENCE TRI MPA – initial, extension for another type, LIFUS, LT	
<b>1</b>	<b>Applicants personal particulars</b>
Last name(s):	Initial: YES <input type="checkbox"/> / NO <input type="checkbox"/>
	Extension to another type: YES <input type="checkbox"/> / NO <input type="checkbox"/>
First name(s):	Restriction to FSTD (r): YES <input type="checkbox"/> / NO <input type="checkbox"/>
	Restriction to FSTD removal: YES <input type="checkbox"/> / NO <input type="checkbox"/>
Licence type and No:	LIFUS: YES <input type="checkbox"/> / NO <input type="checkbox"/>
	Landing training: YES <input type="checkbox"/> / NO <input type="checkbox"/>
<b>TRI - type of aeroplane:</b>	
<b>2</b>	<b>TRI(MPA) – Initial issue</b>
<b>2 A:</b>	<b>Prerequisites - An applicant for a TRI certificate shall:</b>
Hold a CPL, MPL or ATPL pilot licence on the applicable aircraft category: CHECKED <input type="checkbox"/>	
Completed 1 500 hours flight time as a pilot on multi-pilot aeroplanes: _____ hours	
12 months preceding the date of application completed 30 route sectors, including take-offs and landings, as PIC or co-pilot on the applicable aeroplane type, of which 15 sectors may be completed in an FFS representing that type _____ sectors on aeroplane _____ sectors on FFS	
<b>2 B:</b>	<b>Training course:</b>
Training initiated on (date):	Terminated on (date):
Name of the ATO:	Approval certificate No:
Teaching and learning:	hours or credit* <input type="checkbox"/> min. 25 hours
Technical training:	hours min. 10 hours
Flight instruction on the appropriate FSTD:	hours min. 10 hours
Flight instruction on the aeroplane:	hours
Name of HT:	Signature:
<b>2 C:</b>	<b>Declaration by the applicant</b>
<i>I have received a course of TRI (MPA) training in accordance with the syllabus.</i>	
Date:	Signature:
* Credit: Applicants holding or having held an instructor certificate shall be fully credited towards the requirement for the teaching and learning part.	

<b>3</b>	<b>TRI(MPA) – Extension to another type</b>		
<b>3 A:</b>	<b>Prerequisites - An applicant for extension of the privileges of TRIs to further type shall:</b>		
Hold a TRI (MPA) instructor certificate:		CHECKED <input type="checkbox"/>	
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	
<b>3 B:</b>	<b>Training course:</b>		
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:	
<b>3 C:</b>	<b>Declaration by the applicant</b>		
<i>I have received a course of TRI (MPA) training in accordance with the syllabus.</i>			
Date:		Signature:	
Training initiated on (date):		Terminated on (date):	
Name of the ATO:		Approval certificate No:	
<b>4</b>	<b>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"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
Present knowledge	(a) communicates clearly; (b) creates and sustains realism; (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; (b) for aeroplanes: makes upset prevention links with technical training	(a) TEM and CRM; (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; (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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
Report outcome	Reports accurately using only observed actions and events.	(a) phase training objectives; (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:				

**Appendix 1:**

<b>5:</b>	<b>Additional training: LIFUS</b>	
<b>5 A:</b>	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:
<b>5 B:</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:
<b>5 C:</b>	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:
<b>5 D:</b>	ATO confirmation	
	Name of the ATO:	Approval certificate No:
I confirm the nomination of (name and licence number of instructor):		
	Name of HT:	Signature:
<b>5 E:</b>	<b>Declaration by the applicant</b>	
<i>I have received additional LIFUS training:</i>		
	Date:	Signature:

**Appendix 2:**

<b>6:</b>	<b>Additional training: Landing training (LT)</b>	
<b>6 A:</b>	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:
<b>6 B:</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:
<b>6 C:</b>	ATO confirmation	
	Name of the ATO:	Approval certificate No:
	I confirm the nomination of (name and licence number of instructor):	
	Name of HT:	Signature:
<b>6 D:</b>	<b>Declaration by the applicant</b>	
	<i>I have received additional landing training:</i>	
	Date:	Signature: