

PERSONAL DETAILS

Surname		Given names	
Preferred name		Title	Date of birth
Membership Number		Membership Expiry	
Phone (H)		Phone (M)	Phone (B)
Residential address			
Suburb		State	Postcode
Postal address (if different)			
Suburb		State	Postcode
Email		Occupation	
Emergency contact name		Number	

I apply for the renewal of:

<input type="checkbox"/> Instructor	<input type="checkbox"/> Senior Instructor
<input type="checkbox"/> Pilot Examiner	<input type="checkbox"/> ROC <input type="checkbox"/> IT or IT(T)
<input type="checkbox"/> CFI	<input type="checkbox"/> Deputy CFI

APPLICANT'S DECLARATION AND SIGNATURE

I certify that I meet the medical requirements for a rating or approval holder as specified in RAAus Flight Operations Manual Section 2.16

I certify that I have not had an authorisation varied, suspended or cancelled, other than at my request, from any other sport aviation body, CASA or the national aviation authority of a foreign country.

I agree that this renewal has been carried out in accordance with the requirements of the RAAus Operations Manual.

Applicant's Signature _____ Date _____

Payment Details and Tax Invoice

Only complete the following payment details if renewal was conducted by RAAus staff (a fee of \$550 will apply).

TOTAL AUTHORISED PAYMENT AMOUNT: \$		
Payment method:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque/Money Order (payable to Recreational Aviation Australia Ltd)
Card number:	Expiry date:	CCV:
Cardholder's name:	Signature:	

EXAMINER TO COMPLETE (Refer RAAus Flight Operations Manual)

Applicant Name	Applicant Membership Number
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Renewal appropriate for:

- Group A — Three Axis Aircraft
 Group B — Weightshift Microlight
 Group D — Powered Parachute

Flight Test

Flight Test conducted in: Aircraft Type	Aircraft Registration	Flight Duration
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Aeronautical Experience (Hours)

Total (all aircraft)	Total RAAus hours (inc. Instructing)	Total Instructing (RAAus Instructor only)

EXAMINER DECLARATION AND SIGNATURE

I certify that the applicant is at an appropriate standard for renewal of their:

- Instructor Rating
 Senior Instructor Rating
 Deputy CFI Approval
 CFI Approval
 PE Approval
 ROC Approval
 IT Approval
 IT(T) Approval

I certify the applicant has been trained in accordance with the requirements of the RAAus Flight Operations Manual, relevant Civil Aviation Orders, Civil Aviation Regulations, Civil Aviation Safety Regulations and the Civil Aviation Act 1988.

I certify in accordance with the RAAus Flight Operations Manual and Syllabus of Flight Training, the applicant has completed the requirements as listed in the checklist on page 3 of this form.

Examiner name _____	Membership Number _____
Signature _____	Date _____
Name of Flight Training School _____	

THIS PAGE IS REQUIRED TO BE PROVIDED WITH THE APPLICATION

EXAMINER TO COMPLETE (Refer RAAus FlightOperations manual)

Applicant Name	Applicant Membership Number
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INSTRUCTOR RENEWAL CHECKLIST

All assessments conducted in accordance with the RAAus Syllabus of Flight Training to the required Competency Standard of 1.

ADMINISTRATION (TO BE COMPLETED BEFORE FLIGHT)	YES	NO
RAAus membership and ratings verified	<input type="checkbox"/>	<input type="checkbox"/>
Endorsements confirmed as appropriate for Instructor rating	<input type="checkbox"/>	<input type="checkbox"/>
Current Medical sighted by examiner, copy attached, if not already provided to RAAus (CASA Class 2 or RAAus Instructor MED003)	<input type="checkbox"/>	<input type="checkbox"/>
Review of logbook, flight activity and revision conducted	<input type="checkbox"/>	<input type="checkbox"/>
Review of instructor training record (for initial instructor issue)	<input type="checkbox"/>	<input type="checkbox"/>
Instructor Exam Completed (not required for upgrade if current rating held)	<input type="checkbox"/> N/A	<input type="checkbox"/>
All requirements of relevant instructor Flight Operations Manual section have been met (including confirmation of aeronautical experience, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of applicants previous instructor qualifications attached (for converting instructor applicant)	<input type="checkbox"/> N/A	<input type="checkbox"/>
Aircraft Compliance (registration/ maintenance requirements/ airworthiness etc)	<input type="checkbox"/>	<input type="checkbox"/>
GROUND BASED ASSESSMENT		
Privileges and limitations of Rating or Approval (as applicable to applicant)	<input type="checkbox"/>	<input type="checkbox"/>
Air Legislation requirements (including recent changes and relevant CASA and RAAus references)	<input type="checkbox"/>	<input type="checkbox"/>
Flight planning requirements for this flight	<input type="checkbox"/>	<input type="checkbox"/>
VMC, Meteorology and radio procedures relevant to aerodrome where assessment is taking place	<input type="checkbox"/>	<input type="checkbox"/>
Human Factors Key Operational Elements – including Aeronautical Decision-Making (ADM), Crew Resource Management (CRM), Threat and Error Management (TEM), Situational Awareness (SA)	<input type="checkbox"/>	<input type="checkbox"/>
Common errors demonstrated by students and methods for resolving them	<input type="checkbox"/>	<input type="checkbox"/>
Assessing a student's competency for solo flight	<input type="checkbox"/>	<input type="checkbox"/>
Conduct of flight reviews (SI and above)	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of nominated theory lesson to required standard	<input type="checkbox"/>	<input type="checkbox"/>
Passed relevant Theory Component	<input type="checkbox"/>	<input type="checkbox"/>
FLIGHT ASSESSMENT & POST FLIGHT REVIEW		
Flight sequences delivered to the required standard	<input type="checkbox"/>	<input type="checkbox"/>
Simulated student errors are identified and corrected	<input type="checkbox"/>	<input type="checkbox"/>
Applicant safely manages aircraft and the training environment while delivering patter	<input type="checkbox"/>	<input type="checkbox"/>
Passed Relevant Flight Assessment	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION COMPLETION		
Logbook entry made: Applicant name has met the requirements of Flight Operations Manual Section XX for the issue/renewal of Instructor/Senior/ CFI/PE. Examiner name, member number, signature, date.	<input type="checkbox"/>	<input type="checkbox"/>
Post-flight debrief completed	<input type="checkbox"/>	<input type="checkbox"/>