

Instructor Renewal (INS002)

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 Approval	
Note: If conducted by RAAus staff, a total fee of \$440 will apply.		

APPLICANT'S DECLARATION

(Please tick relevant boxes)

- ☐ I have a current CASA Class 2 Medical Certificate or RAAus Instructor Medical.
- ☐ I certify I am able to understand and carry out instructions given in the English language.
- ☐ 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

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:	

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EXAMINER TO COMPLETE (Refer RAAus FlightOperations manual)

Member Name	Membership Number
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Renewal appropriate for: Aircraft Group

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

Practical and Documentation

In accordance with the RAAus Flight Operations Manual and Syllabus of Flight Training, the applicant has:

- ☐ Demonstrated required competency for the required aircraft groups and endorsements applied for.
☐ Passed relevant Flight Test

Flight Test conducted in: Aircraft Type	Aircraft Registration	Flight Duration
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- ☐ Ground Theory Component satisfactory ☐ Log book entry made and signed, hours recorded true and correct
☐ Current Medical sighted by Examiner, copy attached (CASA Class 2 or RAAus Instructor Medical MED002, if not already provided to RAAus)

Aeronautical Experience (Hours)

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

Certification

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

- ☐ Instructor rating ☐ Senior Instructor ☐ Deputy CFI ☐ CFI ☐ PE
☐ ROC ☐ IT ☐ IT/T

In accordance with the requirements of the RAAus Flight Operations Manual, I also certify that they have been trained in accordance with the relevant Civil Aviation Orders, Civil Aviation Regulations, any relevant legislation and RAAus Syllabus of Flight Training. I have examined the log book of the applicant and certify that the above hours are recorded in the log book and are accepted as a fair record of the aeronautical experience of the applicant.

Examiner name	Membership Number
Signature	Date
Name of Flight Training School	

INSTRUCTOR RENEWAL CHECKLIST

ADMINISTRATION	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"/>
Instructors medical certificate current	<input type="checkbox"/>	<input type="checkbox"/>
Review of logbook, flight activity and revision conducted	<input type="checkbox"/>	<input type="checkbox"/>
Compliance of aircraft being utilised confirmed? (Inc. registration)	<input type="checkbox"/>	<input type="checkbox"/>
GROUND BASED ASSESSMENT		
Confirm Instructors understanding of Air Legislation	<input type="checkbox"/>	<input type="checkbox"/>
CAO knowledge appropriate to aircraft group and rating/s held	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation of understanding of relevant regulatory changes	<input type="checkbox"/>	<input type="checkbox"/>
Review of Human Factors key elements	<input type="checkbox"/>	<input type="checkbox"/>
Instructor knowledge of flight planning requirements to standard	<input type="checkbox"/>	<input type="checkbox"/>
For: a) Local Flight b) Cross country flight	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Visual Flight Rules and Meteorology	<input type="checkbox"/>	<input type="checkbox"/>
Radio procedures at Non-Controlled Aerodromes to standard	<input type="checkbox"/>	<input type="checkbox"/>
Controlled Airspace avoidance knowledge to standard	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of nominated theory lesson to standard	<input type="checkbox"/>	<input type="checkbox"/>
FLIGHT ASSESSMENT & POST FLIGHT REVIEW		
Flight sequences delivered to required competency (as per RAAus Syllabus of Flight Training)	<input type="checkbox"/>	<input type="checkbox"/>
All requirements of relevant instructor Flight Operations Manual section have been met	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION COMPLETION		
Logbook entry made: <i>Candidate name</i> has met the requirements of Flight Operations Manual Section XX for the issue of Instructor/Senior/CFI. <i>Examiner name, member number, signature, date.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Post-flight debrief completed	<input type="checkbox"/>	<input type="checkbox"/>