

Converting Instructor Issue or Upgrade (INS003)

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 issue or upgrade to: | Instructor (\$20) | | Senior Instructor (\$30) | | | |
| | Pilot Examiner (\$220) | | ROC (\$220) | ☐ IT or IT(T) (\$220) | | |
| | CFI (\$220) | | Deputy CFI Approval (\$2 | 20) | | |
| | Note: If conducted by RAAus staff, a total fee of \$440 will apply. If CFI is issued as part of a new F application, an additional fee is not required. | | | | | |
| APPLICANT'S DECLARATION | | | | | | |
| (Please tick relevant boxes) | | | | | | |
| ☐ I have a current CASA Class 2 Med | lical Certificate or RAAus Instructor | Medical. | | | | |
| \square I certify I am able to understand a | nd carry out instructions given in t | he English la | nguage. | | | |
| ☐ I agree that this issue or upgrade ha | as been carried out in accordance wit | th the require | ements of the RAAus Flight Op | erations Manual. | | |
| | | | | | | |
| Applicant's Signature | | | Date | | | |
| Payment Details and Tax Invoice | | | | | | |
| TOTAL AUTHORISED PAYMENT AM | 1OUNT: \$ | | | | | |
| Payment method: | ☐ Visa ☐ MasterCard | I Ch | eque/Money Order (payable to | Recreational Aviation Australia Ltd) | | |
| Card number: | Exp | oiry date: | CCV: | | | |
| Cardholder's name: | Sig | nature: | | | | |



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| EXAMINER AND APP | LICANT TO COMPLETE (Refer | RAAus Flight | Operations mar | nual) | | | |
|---|--|---|--------------------------|--|------------------|-------------------|--|
| Member Name | | | Members | Membership Number | | | |
| Pilot Qualifications: | | | | Level obtained e.g. Gr1 / CFI appr / Snr Inst | | Years held | |
| ☐ CASA ☐ SAFA ☐ GFA ☐ ASRA ☐ ADF/overseas military | | | ry | | | | |
| International Qualifica | ations: | | | | | | |
| Country | Ratings | Held | | | | | |
| | rsement Recognition form and a Book pages if required. | ttach verified co | pies of all qualific | ations with this ap | plication inclu | ding copies of | |
| Demonstrated require Factors training Completed Flight Tim Log book entry made Instructor exam comp | AAus Operations Manual, the ap ed competency and Examiner sa | sed relevant Fligle and correct CASA rating is he | ht Test | Flight Training hav | | - | |
| Flight Test conducted in Aircraft Type | : | | Aircraft Registration | | | Flight Duration | |
| Aeronautical Experien | ce (Hours) | ' | | | | | |
| Hours in: | | | ft | Total Experience | | | |
| Pilot in Command | | | | | | | |
| Dual | | | | | | | |
| Instructor | | | | | | | |
| | eligible for registration with RAA thority such as CASA, FAA or CAA | | N of 600kg or less | s, however is regist | ered with ano | ther National | |
| Certification I certify that I have tested Group A Three Axis Nose Wheel Aircraft | d this applicant and recommend Group B Weig Tail Wheel Air | htshift Microligh | nt 🗌 Group I |) Powered Parachu | ute | | |
| | rd required for the issue of a: Senior Instructor IT | _ | ·I Approval | CFI Approval | PE | | |
| relevant Civil Aviation Or | equirements of the RAAus Flight ders, Civil Aviation Regulations, a and certify that the above hours ant. | any relevant legis | slation and the RA | AAus Syllabus of Fl | ight Training. I | have examined the | |
| Examiner name | | Membership Number | | | | | |
| Signature | | | | Date | | | |
| Name of Flight Trainir | ng School | | | | | | |



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CONVERTING INSTRUCTOR ISSUE OR UPGRADE CHECKLIST

| ADMINISTRATION | YES | NO | | |
|---|-----|----|--|--|
| RAAus membership and ratings verified | | | | |
| Endorsements confirmed as appropriate for Instructor rating | | | | |
| Instructors medical certificate current | | | | |
| Review of logbook, flight activity and revision conducted | | | | |
| Compliance of aircraft being utilised confirmed? (Inc. registration) | | | | |
| GROUND BASED ASSESSMENT | | | | |
| Confirm Instructors understanding of Air Legislation | | | | |
| CAO knowledge appropriate to aircraft group and rating/s held | | | | |
| Confirmation of understanding of relevant regulatory changes | | | | |
| Review of Human Factors key elements | | | | |
| Instructor knowledge of flight planning requirements to standard | | | | |
| For: a) Local Flight b) Cross country flight | | | | |
| Knowledge of Visual Flight Rules and Meteorology | | | | |
| Radio procedures at Non-Controlled Aerodromes to standard | | | | |
| Controlled Airspace avoidance knowledge to standard | | | | |
| Delivery of nominated theory lesson to standard | | | | |
| FLIGHT ASSESSMENT & POST FLIGHT REVIEW | | | | |
| Flight sequences delivered to required competency (as per RAAus Syllabus of Flight Training) | | | | |
| All requirements of relevant instructor Flight Operations Manual section have been met | | | | |
| 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> | | | | |
| Post-flight debrief completed | | | | |