



INSTRUCTOR FORM I: NATIONAL FIXED WING APPLICATION

Please read the included guidance notes before completing. Submission instructions can be found at the end of the form.

| | |
|--|--|
| 1. PERSONAL DETAILS (see guidance notes) | |
| CAA Personal reference number (if known): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| Surname: Forename(s): | |
| Title: Date of birth: | |
| Nationality: Town: and country: of birth | |
| Permanent address: Postcode: | |
| Address for correspondence (if different from above): Postcode: | |
| E-mail: | |
| Telephone number: Alternative telephone number: | |
| Name and Address of Employer: | |
| Postcode: Telephone number: | |

| |
|--|
| 2. APPLICATION (tick appropriate box) |
| I am applying for: |
| Assistant/Flying Instructor Rating (Microlight Aeroplanes Only) <input type="checkbox"/> |
| Motor Glider Instructor Rating (MGIR) <input type="checkbox"/> |
| Certificate of Test for existing Instructional Privileges <input type="checkbox"/> |

| | | |
|---|---|---|
| 3. CAA USE ONLY (tick appropriate box) | | |
| Date | | Enclosures |
| Receipt no. | | |
| Visa | £ | |
| Rating granted: | | |
| a) AFI(M) <input type="checkbox"/> b) FI(M) <input type="checkbox"/> c) MGIR <input type="checkbox"/> | Restrictions endorsed i) No aerobatics <input type="checkbox"/> ii) No instruments <input type="checkbox"/> iii) No night <input type="checkbox"/> | Certificate of Test Date: Aircraft Type: Despatch/Enclosure: |
| Signed by: | | |
| Issue Date: | | |

4. LICENCE DETAILS (tick as appropriate)

Licence Type: Number: Expiry date:

Single Pilot Type /Class Ratings

..... Expiry date:
 Expiry date:
 Expiry date:
 Expiry date:

Other Ratings/Qualifications

Night

IMC Expiry date:

AFI(M) Expiry date:

FI(M) Expiry date:

5. PRE-COURSE FLYING EXPERIENCE

| | Pilot in Command (PIC) | PIC on Type | Dual |
|-----------------------------------|------------------------|-------------|------|
| Microlight (Landplane) aeroplanes | | | |
| Single-engine up to 5,700 kg | | | |

6.

Instructors applying for a Certificate of Test should only enter the instructional hours flown since their last test. In all other cases put total instructional hours.

| | Day | Night | Total |
|-----------------------------------|-----|-------|-------|
| Microlight (Landplane) aeroplanes | | | |
| Single-engine up to 5,700 kg | | | |

7. MILITARY QUALIFICATIONS (QFI/QHI)

CFS Category: Date of last category awarded: CFS Course no.:

Date of last standardisation check: Aircraft types:

Service details certified correct by CFS Agent:

Signature: Name:

Rank: Date:

8. PRE-ENTRY EXAMINATION (MICROLIGHTS ONLY)

To be completed by the FIC Instructor.

I certify that the applicant has sat the pre-entry examination, the result(s) of which (Pass or Fail) are shown below.

| Exam date | Set no. | Pass/Fail | Examiner's signature | CAA Ref. no. |
|-----------|---------|-----------|----------------------|--------------|
| | | | | |
| | | | | |

9. PRE-ENTRY FLIGHT TEST

Date of satisfactory Check Flight:

Name of person Conducting Test:

CAA Personal Reference number:

Signature: School/Club:

10. APPROVED COURSE CERTIFICATE

To be completed by the FIC Instructor.

I certify that: has satisfactorily completed an approved course of flight and ground training in accordance with a syllabus agreed by the Civil Aviation Authority comprising of:

Flight Training Hours: Minutes: in aircraft

Ground Training Hours:

FIC Instructor: Signature:

Date: FTO:

Licence No.

11. FLIGHT TEST REPORT

To be completed only by an examiner of Flying Instructors

Candidate's Name:

| Part A Pre-flight Brief | | EX | AA | A | BA | F | Exercise (and Remarks) |
|--------------------------------|-----------------------------------|-------------------------|----|---|----|---|------------------------|
| A | Content | | | | | | |
| B | Visual Presentation | | | | | | |
| C | Technical Accuracy | | | | | | |
| D | Clarity of Explanation | | | | | | |
| E | Clarity of Speech | | | | | | |
| F | Instructional Technique | | | | | | |
| G | Use of Models and Aids | | | | | | |
| H | Student Participation | | | | | | |
| Part B Flight | | Main Exercise (Ex. no.) | | | | | Remarks |
| J | Content of Demonstration | | | | | | |
| K | Arrangement of Demo | | | | | | |
| L | Synchronisation of 'Patter' | | | | | | |
| M | Student Participation | | | | | | |
| N | Correction of Faults | | | | | | |
| P | Aircraft Handling | | | | | | |
| Q | Positioning, Use of Airspace | | | | | | |
| R | General Airmanship | | | | | | |
| Part C Other Exercises | | Exercise no. | | | | | Remarks |
| 11 | Spinning (if applicable) | | | | | | |
| 19 | Instrument Flying (if applicable) | | | | | | |

| 11. FLIGHT TEST REPORT (CONTINUED) | | | | | | |
|------------------------------------|-----------------------------------|-------------------------------|---------------------------|---------|--|---------|
| Part D | Ground Oral | | | | | Remarks |
| G1 | Teaching, Learning, Admin | | | | | |
| G2 | Law, Rules and Procedures | | | | | |
| G3 | Air Navigation | | | | | |
| G4 | Aviation Meteorology | | | | | |
| G5 | Principles of Flight | | | | | |
| G6 | Airframes and Engines | | | | | |
| G7 | Instruments and Radio Aids | | | | | |
| G8 | Airworthiness, C of A | | | | | |
| G9 | Specific Type | | | | | |
| G10 | First Aid and Safety Equipment | | | | | |
| G11 | Human Performance and Limitations | | | | | |
| Pass <input type="checkbox"/> | | Fail <input type="checkbox"/> | | Remarks | | |
| Flight Test Details | | | | | | |
| Date: | | | Cloud: | | | |
| Place: | | | Visibility: | | | |
| A/C Type: | | | W/V: | | | |
| Registration: | | | Weather/Turbulence: | | | |
| Flight time: | | | | | | |

| 12. EXAMINER'S CERTIFICATE (tick as appropriate) | |
|---|---|
| I have tested the candidate to the schedule in Section 11. The result of the test is a: | |
| Pass <input type="checkbox"/> | Graded as: |
| Partial Pass <input type="checkbox"/> | The candidate has failed on: |
| Fail <input type="checkbox"/> | An FCL 252/254 (SRG\1159) has been issued (copy enclosed) |
| Further training recommended with an FIC Instructor before re-test: | |
| Flight Training <input type="checkbox"/> | Hours required: |
| Ground Training <input type="checkbox"/> | Hours required: |
| Rating Revalidation | |
| I have signed a Certificate of Test on the candidate's Instructor Rating as follows: | |
| Date of Test: | Aircraft type: |
| I recommend the candidate to be issued with: | |
| a) AFI(M) <input type="checkbox"/> | on the following aircraft types: |
| b) FI(M) <input type="checkbox"/> | |
| c) MGIR <input type="checkbox"/> | |
| Examiner's name: | Examiner's number: |
| Signature: | Date: |

13. DECLARATION OF APPLICANT

I declare that the information provided on this form is correct.

I agree to receive:

Flight Crew Safety material from the CAA only or

Safety material from authorised sources or

I do not wish to receive Safety material

Signature: Date:

It is an offence under the UK Air Navigation Order to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, license, approval, permission or other document. This offence is punishable on summary conviction by a fine, and on conviction on indictment with an unlimited fine or imprisonment or both.

14. APPLICATION FORM SUBMISSION SERVICE (SUBMIT & PAY)

Once you have completed your application form, please save a copy to your device. Click on the button below to submit your application, supporting documentation (if applicable) and to make payment by credit/debit card. You will be required to upload a copy of the completed application form as part of the submission.

The button will direct you to the CAA Customer Portal. The first time you access the CAA Customer Portal you will need to create a user account, there are instructions provided and it only takes a few minutes to register. If you have used the CAA Customer Portal before, please log in to your existing user account.

Please note: Your application will not be processed until you have submitted it via the CAA Customer Portal and paid the relevant fee.

The charge(s) required will be calculated in accordance with the current CAA Scheme of charges [List of Official Record Series 5 - Scheme of Charges \(caa.co.uk\)](#)

Important: Please save your completed form before proceeding.

Application Form Submission Service

If you prefer, you can access the service by logging onto the CAA Customer Portal via <https://portal.caa.co.uk> and selecting the Application Form Submission Service.

INSTRUCTOR FORM 1: NATIONAL FIXED WING APPLICATION**GUIDANCE****General Guidance**

- 1) This form is to be used to apply for Assistant/Flying Instructor Rating (Microlight Aeroplanes only), Motor Glider Instructor Rating and Certificate of Test for existing Instructional Privileges.
- 2) For all types of application the following sections must be completed in accordance with the instructions below:
 - Sections 1, 2, 4 and 14
- 3) **Assistant Flying Instructor (Microlight Aeroplanes Only)**
 - Sections 5 and 14 to be completed by the applicant
 - Section 7 (if applicable)
 - Section 8 to be completed by the Examiner
 - Section 9 to be completed by the Examiner
 - Section 10 to be completed by the approved FIC instructor
 - Sections 11 and 12 to be completed by the Examiner
- 4) **Flying Instructor (Microlight Aeroplanes Only)**
 - Sections 6 and 14 to be completed by the applicant
 - Sections 11 and 12 to be completed by the Examiner
- 5) **Motor Glider Instructor Rating**
 - Sections 5 and 14 to be completed by the applicant
 - Section 7 (if applicable)
 - Sections 11 and 12 by the BGA Panel Examiner
- 6) **Certificate of Test for Existing Instructional Privileges**
 - Sections 6 and 14 to be completed by the applicant
 - Sections 11 and 12 to be completed by the Examiner

Section 1. Personal details

Please complete details of your employer, specifying the name of the organisation, telephone and fax numbers. This will help in resolving any queries with your application. If your current place of employment is different from your employer's address, please add this location.