

Instructor _____ Rating held _____ Reviewer _____ Place _____ Date _____
Print name Print name

Instructor Hours / Flights

Review Flights

Total (P1 instructing)		Last 12 months (P1 instructing)	
Hours _____	Flights _____	Hours _____	Flights _____

Glider	No of flights	Total duration
G _____	_____	_____

A periodic Competency Review has been carried out and the following privileges are currently approved: *(Delete those not currently approved.)*

Ground	All	A Cert	All	B Cert	All	QGP	All	Advanced	All
---------------	-----	---------------	-----	---------------	-----	------------	-----	-----------------	-----

Syllabus	Elements							
X-Country	All	Prep / Weather	Climb	Speed	Nav / GPS	Airspace	Turnpoints	Reporting / Lost
Outlanding	All	Decisions	Fields	Circuits	High / Low	Slopes	Dual / solo	
Retrieves	All	Road	Aerotow	Rules	Briefing	X-Country tow	Descent on tow	
Hi Speed	All	Controls	Rough Air	Vne	Airbrakes			
Rapid Descent	All	Spiral	Brakes / flaps					
Final Glides	All	Performance	Lift / sink	Wind	Low / high	Distance 1000 ft	Radio	Circuit join
Non-normal	All	Canopy	Collision	Bale out	IMC	Flutter	Malfunction	Ground loop
Passengers	All	Responsibilities	Briefing	Orientation	Rapid descents	Front seat	Rear seat	Air sick

Comments: _____

We confirm that the Competency Assessment has been satisfactorily completed and _____ is currently approved to give dual flight instruction in the exercises identified above. Instructor name Next Competency Assessment due ____ / ____ / 20____

Reviewer _____ Instructor _____
Signature Signature