

Competency Reporting Form



ORGANISATION: Youth Glide New Zealand

STUDENT DETAILS

- All fields must be completed
- A photocopy of results as received from the qualification owner must be appended

First Nam	ne e	Last Name				
Date of Bi		Na	National Student Number (NSN)			
ay	Month Year					
Physical/I		En	Email Address			
ote: Aviat	ion Unit Standards may only be reported via	ServiceIQ				
Unit Standard ID Number	Title/Descriptor	Version	Level	Credit Value	Result C/NYC	Date Completed
26833	Demonstrate glider ground handling	4	2	2		
26834	Demonstrate glider winch launch as a pilot	4	3	3		
26835	Demonstrate glider aero-tow launch as a pilot	4	3	3		
26836	Fly a glider to achieve a GNZ Solo Pilot Certificate	4	4	8		
26837	Fly a glider to achieve a GNZ Soaring Pilot Certificate	4	4	6		
26838	Fly a glider to achieve a GNZ Cross Country Pilot Certificate	4	5	10		
UALIFICA	ATION THAT THIS REPORT REFERS TO):	1	1		
Youth Gl	ide New Zealand Inc					
ttestation -	- I certify that the results above are correct as re	ported to us	. A photo	copy of the r	esults is app	ended.
Full Name o	of GNZ Club CFI/Nominee		Ema	il Address		
Signature			Date			
			Day	Mo	nth	Year
ote: Please so	can and send original form to ServiceIQ on completion	n of the unit s	tandard(s) -	- mark.snalan	n@seviceiq.or	rg.nz
osts are \$21	Admin fee (per Application) plus \$2 per credit, plus C	ST . Credits	will be repo	rted to NZQA	on confirmat	ion of receipt of payme
ERVICEIQ	ADMIN:					
nvoice No:			Payment	Received Date	: :	