## **Demonstration of Competency**

Tick appropriate column or comment on reverse, as appropriate					
DRIOR TO ELICUT	Satisfactory	Not tested	CIDCUIT AND LANDING	Satisfactory	Not tested
PRIOR TO FLIGHT  Up-to-date and correctly-filled logbook			CIRCUIT AND LANDING  Well-executed circuit - height and track		
Knowledge of Aircraft Documents			Pre-landing checks performed correctly		
Daily Inspection of aircraft prior to flight			Final turn at acceptable position and height		
Soarable expectations on the day			Last part of final approach at 1/2 - 2/3 airbrake		
Awareness of potential hazards on the day			Cross wind landing (tick if present)		
Weight & balance determination, ballast req'd			Smooth flare and touchdown		
Passenger briefing, comfort, security			Kept straight during ground roll		
Pre-takeoff checks: ABCDE, CB SIFT BEC			Correct use of wheel brake, stick held aft		
Signals and emergency procedures: Winch			Baulked approach, land in another place		
Signals and emergency procedures: Aerotow			Paddock landing: simulated   actual		
AEROTOW LAUNCH		WINCH LAUNCH			
Preparedness for Aerotow "Eventualities"			Preparedness for Winch "Eventualities"		
Track straight on ground, hold position on tow			Acceptable climb profile, speed within limits		
Out-of-position recovery, review tow upset			Correct release at end of winch launch		
Correct release sequence at end of aerotow			Launch Failure: simulated   actual   recent		
IN FLIGHT			EMERGENCIES (Simulated or discussed)		
Consistent lookout, situational awareness		×	Winch Launch - what can go wrong?		
Verbal engagement with passenger			Aerotow Launch - what can go wrong?		
Well-harmonised and gentle use of controls			Rapid loss of height in an emergency		
Wing drop stall and correct recovery		×	Cloud hazard - precautions to take		
Full Spin – entry, recognition & recovery			OTHER		
Steep turns (AoB 45°) – speed control ±5 kt			Comply with Standard Operating Procedures		
Best use of available lift on the day			Radio Phraseology and Technique		
Consistent use of trim throughout flight			Safety Issues: ridge   thermal   wave		
Overall judgement and decision-making			Glider type: Re	Regn:	
Knowledge of local airspace			Number of Flights Total Review Time		

## Must be tested

PILOT	ASSESSING INSTRUCTOR		
Name(Print in block letters)  I hereby certify that I hold a valid medical declaration or certificate, that in the last 12 months I have flown as pilot in command hours & launches, and my total glider flight time is hours.	Name		
I acknowledge participating and being debriefed on the flight(s) that constitute this flight test.  Signature	This pilot will be due for a BFR on		
	Date of test		

YES 🗌

NO 🗀

Comments by the assessing instructor made on the reverse