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|  | Form-AC-OPS049  **November 2022** |

NOMINATION OF OPERATOR CABIN CREW INSTRUCTOR

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| 1. Name of the Air Operator |  |
| 2. Name and designation of the person recommending the nomination. |  |
| 3. Name of the Nominee and Certificate Number |  |
| **Authority requested as a**n Instructor **to:** *(Check Yes for each authority requested)*   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Conduct: | (a) Safety equipment theory & practical- drills   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | 1. Safety equipment practical- drills |  | Yes |  | |  |  |  |  |  | |  | 1. Line check |  | Yes |  | |  |  |  |  |  | |  | 1. Familiarisation flights |  | Yes |  |      1. Cabin crew Instructor proficiency check 2. Cbin creww proficiency checks |  | Yes |  | |  |  |  |  |  | |  | (b) Aircraft type training |  | Yes |  | |  |  |  |  |  | |  | (c) Familiarisation flights |  | Yes |  |   (d) Dangerous Goods training Yes  ( e ) etc.  On the following aircraft types  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  | | --- | | 4. Experience |   The nominee is personally suitable and meets all the criteria listed below.  Qualifications:   |  |  |  | | --- | --- | --- | |  |  | *\*Tick Appropriately* | | has a thorough knowledge of the company operations manual, cabin crew manual and applicable aircraft manuals; |  |  | |  | | has completed the company's ground and flight training programme on the aircraft type for the requested authorisation; |  |  | |  | | has been employed by the Air Operator as a senior cabin crew member / purser for at least three years on type and has accumulated relevant experience on the routes operated by the company; |  |  | | Is fully competent as Senior cabin crew member / purser for the aircraft types for which approval has been requested and has demonstrated this competency during training and checks; |  |  | |  | | has completed a Cabin Crew Instructor Course as per the approved operators training program. |  |  |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Completion Date (DD/MM/YY) Course Location | |

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| 5. Please attach a resume of the nominee with relevant details including; | **Instructor Initial Required documents:**   |  |  |  | | --- | --- | --- | |  |  | *Tick Appropriately* | | Completed CAA nomination form (**FORM: AC-OPS049**) |  |  | | Copies of records to prove training conducted (Ground and Flight as per CARs) |  |  | | Copies of valid Certificate showing type rating |  |  | | Copies of valid medical certificate |  |  | | Candidates CV indicating aeronautical experience |  |  | |
| |  |  |  | | --- | --- | --- | | **Instructor Renewal Minimum Required documents:** |  | *Tick Appropriately* | | Copies of valid Certificate showing type rating |  | | Copies of valid medical certificate |  | | Completed CAA nomination form (**FORM: AC-OPS049**) |  | | Completed cabin crew check activity report (from the operator) |  | |
| 6. Date of Last training conducted.. |  |

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| |  | | --- | | 7. Signature Block |   I certify that:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has acted as Senior cabin crew member / purser on the following aircraft types and meets all of the previous requirements.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Types |  |  |  |  | | Experience (duration) |  |  |  |  |    The nominee's background, character and motivation are suitable to hold this position.   The nominee meets the qualification requirements outlined CAA-AC-OPS049    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Inspector Verification and Recommendation**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (nominee’s name)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | Yes |  | No | |  |  |  |  |  | | has been briefed the verification criteria |  |  |  | |  |  |  |  | | has completed at least one monitored training; and |  |  |  | |  |  |  |  | | qualifications have been verified and meet the requirements as per the CAA- AC-OPS049 |  |  |  |   . | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Recommendation:** | Recommended: |  | Yes |  | No |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Inspector's Signature |  | (Date: DD/MM/YY) |  | Manager Flight Safety Standards (MFSS) |  | (Date: DD/MM/YY) |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Check Applicable Box(es) |  | Initial Application |  | Amendment | |  |  | Renewal |  |  | |     Post-holder Flight Ops Signature (Date: DD/MM/YY)  I certify that the foregoing information is true and accurate.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nominee's Signature (Date: DD/MM/YY)  Note: *This nomination shall be accompanied by a resume* ***(Please type or print)*** *of the nominee's aviation background, qualifications and other experience which would support approval as a an Instructoer.* |