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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)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Conduct:  | (a) Safety equipment theory & practical- drills

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|  | 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 4. Experience |

The nominee is personally suitable and meets all the criteria listed below.Qualifications:

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|  |  | *\*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:**

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|  |  | *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 |  |  |

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| **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) |  |

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| 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.

|  |  |  |  |  |
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| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Inspector Verification and Recommendation****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (nominee’s name)**

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| --- | --- | --- | --- | --- |
|  |  | 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 |  |  |  |

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| **Recommendation:** | Recommended: |  | Yes |  | No |

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|  Inspector's Signature |  |  (Date: DD/MM/YY) |  | Manager Flight Safety Standards (MFSS) |  |  (Date: DD/MM/YY) |

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| Check Applicable Box(es) |  | Initial Application |  | Amendment |
|  |  | Renewal |  |  |

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 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.* |