Instructor _____ Rating held _____ Reviewer _____ Place _____ Date_____
*Print name* *Print name*

Instructor Hours / Flights

| *Total* | | *Last 12 months* | |
|---|---|---|---|
| Hours _____ | Flights _____ | Hours _____ | Flights _____ |

Review 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
*Instructor name*

approved to give dual flight instruction in the exercises identified above. Next Competency Assessment due _____ / _____ / 20_____

Reviewer _____ Instructor _____
*Signature* *Signature*