GLIDING AUSTRALIA

THE GLIDING FEDERATION OF AUSTRALIA INC

ABN: 82 433 264 48 C4/1-13 The Gateway, Broadmeadows Victoria 3047 Phone: (03) 9359 1613

APPLICATION FOR REVALIDATION OF A LAPSED **INSTRUCTOR RATING**

| Name: | GFA No. | Date of birth: |
|---|---------|-------------------|
| Address: | | |
| Email: | | |
| Phone (home, work and mobile): | | |
| Club: | | |
| Level of Instructor Rating Previously Held: | | Date Lapsed: |
| Gliding hours (total): | | (Last 12 Months): |
| Launches (total): | | (Last 12 Months) |
| Instructing hours(total): | | |
| Instructing Launches (total): | | |
| REQUIREMENTS | | |
| The RM/O must define and authorise the requirements for reactivation in each individual case. Depending on the reason for the instructor becoming inactive and the total experience of the person concerned, the RM/O may become personally involved, delegate responsibility to a Level 3 Instructor or nominate specific instructional sequences to be assessed by the CFI with the person before revalidation. | | |

Applicants for revalidation of a Level 2 or higher rating that has been inactive for more than five years may only be issued with a Level 1 rating and must serve a minimum of 6 months as a Level 1 instructor under the supervision of their CFI.

CFI CERTIFICATION

I confirm the candidate has been prepared for instructor revalidation, has completed the Integrated Training Program (ITP) Course, and has read and understands the Training Principles and Techniques (TPT) manual and the GPC Trainer guide modules.

I have conducted a Flight Review in accordance with OAN 01/20 and assessed the candidate's instructional techniques as satisfactory.

| Name of CFI | GFA No. |
|-------------|---------|
| Club | |
| | |
| Signature | Date |

FORWARD THIS APPLICATION FORM TO THE REGIONAL MANAGER, OPERATIONS

Form OPS F026 May 2023