

ADELAIDE UNIVERSITY GLIDING CLUB Inc.

Annual Competency Check

In accordance with the GFA Operational Regulations paragraph 6.3.5 all solo pilots are required to have an annual competency check in accordance with the GFA Instructors Handbook.

Pilot to complete these details: Date: _____

Pilot's Name: _____ GFA # _____

Total Hours Glider: _____

Flights Last 12 Months: _____ Hours Last 12 Months: _____

Off Daily Checks Badges A B C Silver C

PAX Level 1 Level 2 Independent Ops Level 1 Level 2

Aerobatic Cross Country Charter

Current Financial GFA Member: YES/NO

Current Financial Sports Association Member: YES/NO # _____

Current AUGC member: YES/NO

Medical Declaration completed and given to CFI: YES/NO
or Medical Certificate # _____ Expires _____

I declare the above information is correct: Pilot to sign: _____

**** Hand to Instructor before Check Flight(s) ** (Level 2 or 3 Only)**

Checked	[tick]	Date / Instructors initials / Comments
Logbook – up to date	<input type="checkbox"/>	_____
Checks	<input type="checkbox"/>	_____
Airmanship	<input type="checkbox"/>	_____
Lookout	<input type="checkbox"/>	_____
Launch	<input type="checkbox"/>	_____
Decision Height cable break	<input type="checkbox"/>	_____
Co-ordination / General Flying	<input type="checkbox"/>	_____
Stalls / Spins	<input type="checkbox"/>	_____
Circuit, approach & landing	<input type="checkbox"/>	_____
Low G sensitivity	<input type="checkbox"/>	_____
Flight without instruments	<input type="checkbox"/>	_____
Rules of the Air	<input type="checkbox"/>	_____
Logbook endorsed	<input type="checkbox"/>	_____ Dated*: ___/___/___

Comments: _____

* Your next Annual Competency Check is due within 12months of this date.