## Microlight Examiner Application Assessment Report

To be completed by a Microlight FIE

### Section 1 Purpose of Test and Control Type(s)

- [ ] Initial Grant of a Microlight FE Authority
- [ ] Renewal of a Microlight FE Authority (Lapsed by 3 years or more)

Control types: Weightshift [ ] Three axis [ ] Powered Parachute [ ]

### Section 2 Applicant and Examiner details

- **Candidate’s Name:**
- **CAA Reference number:**
- **Examiner’s Name:**
- **CAA Reference number:**

### Section 3 Location and date

- **Place of Assessment:** ..............................................................  **Date:** ..............................................................

### Section 4 Observed GST Test report

#### 1. Ground

- a. Document checks to establish eligibility for a GST  **Pass**  **Fail**
- b. Pre-GST Briefing: Delivery, Content, Accuracy  **Pass**  **Fail**

#### 2. Flight

- a. Logical order of flight  **Pass**  **Fail**
- b. All exercises included  **Pass**  **Fail**
- c. Clear communication  **Pass**  **Fail**
- d. No unsafe manoeuvres or situations  **Pass**  **Fail**

#### 3. Ground

- a. Post-GST De-Briefing: Delivery, Content, Accuracy  **Pass**  **Fail**
- b. Judgement of GST result  **Pass**  **Fail**
- c. Documentation and recording  **Pass**  **Fail**

#### 4. GST Ground Oral

- a. Content and delivery  **Pass**  **Fail**
- b. Judgement of result  **Pass**  **Fail**
- c. Documentation and recording  **Pass**  **Fail**

### Section 5 Result

- [ ] The candidate has demonstrated a satisfactory standard and I recommend that his application for FE Authorisation be supported by the Microlight Panel of Examiners.
- [ ] The candidate has not demonstrated a satisfactory standard and I do not recommend that his application for FE Authorisation be supported by the Microlight Panel of Examiners.

**Signed:** ..............................................................  **Name:** ..............................................................  **Date:** ..............................................................