

BRITISH GLIDING ASSOCIATION

APPLICATION TO THE CAA FOR THE GRANT OF AN ADDITIONAL PRIVILEGE TO A PART-SFCL FLIGHT INSTRUCTOR (SAILPLANES) CERTIFICATE

Please complete the form in clear block capitals using black ink. Please use the attached payment form.

Data protection notice

On receipt, the BGA protects the personal data supplied in this application form in accordance with its data protection policies, notices and procedures. The details, including your rights in respect of your data held by us, are at <https://members.gliding.co.uk/library/data/>

FALSE REPRESENTATION STATEMENT

It is an offence under the Air Navigation Order to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. This offence is punishable on summary conviction by a fine and on conviction on indictment with an unlimited fine or imprisonment or both.

1. APPLICANT'S PERSONAL PARTICULARS (please complete as legibly as possible)

CAA Reference Number

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Title.....Surname.....

Forenames.....Nationality.....

Date of Birth.....Town of Birth.....

Permanent Address.....

.....Post Code.....

Email Address (please print carefully).....

Tel No.....Mobile No.....

BGA Club

A clear certified* full colour copy of your valid Passport or Full UK Driving Licence must accompany your application as proof of identification. *See guidance notes

2. ADDRESS FOR CORRESPONDENCE (if different from above)

Postal Address.....

.....Post Code.....

3. APPLICANT REQUIREMENT

(please read the guidance notes before ticking boxes - shaded areas for BGA use only)

Flight Radio Telephony Operator's Licence (FRTOL) only if already held with English language proficiency level 6 ☐

See note:

FI(S) TMG SFCL.315(a)(4) <input type="checkbox"/>		FI(S) Basic or Advanced aerobatics SFCL.315(a)(5) <input type="checkbox"/>		FI(S) Sailplane Cloud Flying SFCL.315(a)(5) <input type="checkbox"/>	
FI(S) TMG night SFCL.315(a)(6) <input type="checkbox"/>		FI(S) Flight Instructor Coach SFCL.315(a)(7) <input type="checkbox"/>		FI(S) Basic Instructor Coach SFCL.315(a)(8) <input type="checkbox"/>	

4. COMPLIANCE STATEMENT

I certify that **(delete as required)**:

SFCL.315(a)(4) TMG

The applicant (name).....has completed the training as specified at SFCL.330(b)(2) and a certified copy of the training course programme is enclosed.

The applicant has completed the following flight time as PIC in TMGs:

CFI name:

Signature:

Date:

CFI SPL number:

Gliding club name:

SFCL.315(a)(5) Aerobatics

The applicant (name)..... holds Basic / Advanced (delete one as required) privileges.

CFI name:

Signature:

Date:

CFI SPL number:

Gliding club name:

SFCL.315(a)(6) TMG night

The applicant (name).....complies with the experience requirement at SFCL.160(e)(2).

CFI name:

Signature:

Date:

CFI SPL number:

Gliding club name:

SFCL.315(a)(7)

The applicant has completed at least 50 hours or 150 launches of flight instruction in sailplanes.

CFI name:	Signature:	Date:
CFI SPL number:	Gliding club name:	
SFCL.315(a)(8)		
The applicant has completed at least 50 hours or 150 launches of flight instruction in sailplanes.		
CFI name:	Signature:	Date:
CFI SPL number:	Gliding club name:	

5. DEMONSTRATION OF ABILITY (the signing FIC must be specifically nominated by the BGA Head of Training)							
<p>I certify that on (date): _____ the applicant (name): _____</p> <p>satisfactorily demonstrated the ability to instruct for (tick box) below):</p>							
FI(S) TMG SFCL.315(a)(4) <input type="checkbox"/>		FI(S) Basic aerobatics SFCL.315(a)(5) <input type="checkbox"/>		FI(S) Advanced Aerobatics SFCL.315(a)(5) <input type="checkbox"/>		FI(S) Sailplane Cloud Flying SFCL.315(a)(5) <input type="checkbox"/>	
FI(S) TMG night SFCL.315(a)(6) <input type="checkbox"/>		FI(S) FIC SFCL.315(a)(7) <input type="checkbox"/>		FI(S) BIC SFCL.315(a)(8) <input type="checkbox"/>		Greyed areas BGA use only.	
Sailplane/TMG types used:							
<p>BGA HoT nominated FI(S) (a)(7) Name: _____ Signature: _____</p> <p>Date: _____ FI(S)(a)(7) SPL number: _____ BGA stamp:</p> <p style="text-align: right;">BGA signature:</p>							
6. APPLICANT DECLARATION							
<p>I declare; that I understand the privileges, requirements and limitations that apply to the Part-SFCL privileges or ratings that I have applied for.</p> <p>I understand that it is my responsibility to ensure that I am capable of safely exercising the privileges or ratings attached to the Part-SFCL SPL that I am issued with.</p> <p>Applicant signature..... Date.....</p>							

APPLICATION GUIDANCE NOTES

APPLICANTS must:

- complete sections 1, 2, 3, and 6. Note - only tick the boxes that apply to this application.
- ensure that the club at which the training was completed completes section 4.
- ensure that the FI(S) carrying out the demonstration of ability completes section 5.
- enclose with this application:
 - a certified copy of the completed course programme (FI(S) TMG only)
 - a copy of the applicants SPL
- submit the correct payment to the BGA (see Section 7).

Note that applications must be submitted within 6 months of completing the training.

FRTOL. To add existing FRTOL privileges onto the licence, please tick the box. The CAA will check that FRTOL with level 6 English language proficiency is recorded. If not, CAA will reject the application. The CAA can confirm whether or not English language level 6 is recorded by the CAA. Contact the CAA via fclweb@caa.co.uk.

CERTIFYING DOCUMENTS. The following people can act as document certifiers where required in this application; Club Chairman, CFI or Secretary, BGA or CAA authorised Examiner. Insert on the copy to be enclosed with the application, '*I have seen the original document and I certify that this is a complete and accurate copy of the original*', certifier must sign and date, certifiers name must be printed in block capitals. Must include position or capacity, eg. *Club Secretary*

BGA USE ONLY - BGA DECLARATION

We are satisfied that the application for the grant of an additional FI(S) privilege for the person named on this application has been assessed and we are satisfied that all the requirements have been satisfactorily completed. We hereby recommend that the FI(S) certificate additional privilege is issued as identified above by the BGA.

Name Signature.....

Position..... Date.....

CAA USE ONLY

Date of Issue.....

Loaded by.....

Checked by.....

Signed by.....

7. PAYMENT (please note that payment/credit card details are destroyed following payment)

All fees are payable to the BGA with the application. Current fees are on the BGA website
<http://www.gliding.co.uk/forms/bgafees.pdf>

Please enter the amount you are paying here.....

Pay by bank transfer: Please include your surname in the reference.

British Gliding Association
00041622
30-94-97

IBAN GB25 LOYD 3094 9700 041622 BIC LOYDGB21029

Pay by cheque: Cheques payable to The British Gliding Association.

Pay by debit or credit-card: Call the BGA office on 0116 289 2956.

Coming soon: Secure online payment.

Submit the completed application form, certified copies of documents and payment to:

British Gliding Association
8 Merus Court
Meridian Business Park
Leicester LE19 1RJ

Or email to office@gliding.co.uk