



ATO Flight Instructor Personal Details Form

Standard form designed by V.V.M.V. ATO team

Assigned training courses

LAPL PPL SEP Instrument Rating Other (specify below)

Full time / part time

ATO details

ATO name ATO certificate number

Flight instructor details

Name First name
Street Nr Mailbox nr
Postal code City/community Country
E-mail Phone nr Mobile
Part-FCL license number Medical certificate Class 1 Class 2 IFR
Date of joining the ATO (dd/mm/yyyy) Expiry date medical certificate (dd/mm/yyyy)

Next of kin details

Name First name
Relationship Phone nr Mobile

Flying hours

Total time Total instruction time Logbook checked (yes/no)
Total SEP time Total MEP time Total IFR time

Details of previous flying history, including any accidents, etc. (attach CV)

Instructor qualifications

Ratings

Flight Instructor	<input type="checkbox"/>	Instructor certificate expiry date (dd/mm/yyyy)	<input type="text"/>
Instrument Rating Instructor	<input type="checkbox"/>	Date of latest instructor refresher course (dd/mm/yyyy)	<input type="text"/>
Class Rating Instructor	<input type="checkbox"/>	Date of latest assessment of competence (dd/mm/yyyy)	<input type="text"/>
Synthetic Flight Instructor	<input type="checkbox"/>	Examiner certificate expiry date (dd/mm/yyyy)	<input type="text"/>
Synthetic Training Instructor	<input type="checkbox"/>		
Multi-Crew Cooperation Instructor	<input type="checkbox"/>		
Type Rating Instructor	<input type="checkbox"/>		
Flight Examiner	<input type="checkbox"/>		
Instrument Rating Examiner	<input type="checkbox"/>		
Class Rating Examiner	<input type="checkbox"/>		
Flight Instructor Examiner	<input type="checkbox"/>		
Other instructor qualifications, eg acro	<input type="checkbox"/>		

ELP expiry date (dd/mm/yyyy)

Restricted privileges (yes/no)

Please note below any other qualifications and relevant information

Signature instructor

Name Head of Training

Date of issue(dd/mm/yyyy)

Signature Head of Training