

Air Traffic Controller Training

This form is intended for use by Authority Approved ATC Training Organisations to provide information about all air traffic controller training course details to the PEL Office. This includes Initial, OJTI and Assessor training courses.

Section 1 and Section 2, columns 1, 2 and 3 shall be completed and a copy of the form is to be sent to Personnel Licensing Office, Safety & Security Regulation Department, Seychelles Civil Aviation Authority, P. O. Box 181 (Email: PEL@scaa.sc, Fax +248 4384269), at least one week prior to the start date of the course.

After the course, columns 4, 5 and 6 of Section 2 and Section 3 shall be completed. The completed form shall then be submitted to PEL Office within one week after the end of the course.

1. COURSE DETAILS
Name of Training Organisation:
Title of Approved Training Course:
Course Reference Number:
Start date of course:
End date of course:

2. COURSE ATTENDEE DETAILS					
<i>Note: Columns 1, 2 and 3 shall be completed at least one week prior to the start date of the course. Columns 4, 5 and 6 shall be completed within one week after the end of the course.</i>					
1	2	3	4	5	6
Surname	Forenames	ATC Licence Number/SCAA Medical Number ¹	Satisfactory (S)/Unsatisfactory (U)	English Language Proficiency ²	Comment (if any)

1. If Licence Number or Medical Number is not available, please insert candidate's date of birth;
2. Insert English Language Proficiency rating awarded in accordance with the Language Proficiency Rating Scale of EASA L63, ANNEX I, PART ATCO. This is only required for candidates attending their first rating course.

3. DECLARATION BY APPROVED ATC TRAINING ORGANISATION	
I hereby declare that the above results are correct.	
Signature:	Date:
Forenames:	Position: