

EAST SUSSEX GLIDING CLUB ANNUAL CHECKS

ALL SOLO PILOTS MUST COMPLETE ANNUAL CHECKS WITHIN ONE MONTH OF MEMBERSHIP RENEWAL AND OBTAIN A CURRENT FLYING CARD FOR SOLO FLYING

PURPOSE: To review flying skills and judgement and provide a development plan for progress as appropriate.

METHOD: As a MINIMUM, the following mandatory items must be included:

- Adequate Lookout
- Appropriate handling skills (coordination, speed control etc)
- Further stalling and spinning
- Circuit planning and approach control
- Launch failures
- At least one flight to be carried out without an altimeter

INSTRUCTORS NOTE – PASS / FAIL CRITERIA MUST BE DETERMINED AND ADHERED TO

<i>Pilots name:</i>	<i>Date of test:</i>			
	<i>OK</i>	<i>COMMENTS / instructor initials</i>	<i>NOT OK</i>	<i>RE-TEST</i>
LOOKOUT				
AEROTOW LAUNCH				
WINCH LAUNCH				
GENERAL HANDLING				
STALLING & SPINNING				
CIRCUIT PLANNING, APPROACH CONTROL				
FULLY HELD OFF LANDING				

Annual Check satisfactory _____ Instructor name _____ Signature _____

RENEWAL OF FLYING CARD

I hereby request renewal of my previous card which was: **Blue / Red / Yellow / Green (delete as appropriate)**

In the last 12 months I have flown:

Launches	P1 _____	P2 _____	
Hours	P1 _____	P2 _____	
Kilometres	P1 _____	Field Landings _____	

Date of last Field Landing check in motor glider: _____ Membership Expiry date: _____

My total gliding to date is:

Launches	P1 _____	P2 _____	
Hours	P1 _____	P2 _____	

Date of Birth: _____ Age: _____ Medical expires: _____

I CONFIRM THAT I HOLD A **VALID MEDICAL CERTIFICATE** AND UNDERSTAND THAT I MUST INFORM THE CFI SHOULD I SUFFER FROM ANY CONDITION WHICH MIGHT AFFECT MY FLYING. I ALSO CONFIRM THAT THE STATEMENTS MADE ABOVE ARE TRUE AND REQUEST THE CARD INDICATED. **PLEASE ATTACH COPY OF MEDICAL CERTIFICATE.**

SIGNED: **NAME:** **DATE:**

I KNOW OF NO REASON WHY THE CARD REQUESTED SHOULD NOT BE RENEWED.

SIGNED: **INSTRUCTOR**