



European Aviation Safety Agency

NOTICE OF PROPOSED AMENDMENT

NPA 2012-18 (B.IV)

RMT.0153 & RMT.0154 (ATM.003(a)&(b))

**Licensing and medical certification
of air traffic controllers**

NPA 2012-18 (B.IV)

**Acceptable Means of Compliance and Guidance
Material to Part-ATCO, to Part-ATCO.AR and
to Part-ATCO.OR**

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COVER REGULATION

GM1 Article 6 Means of compliance

- (a) The notification of alternative means of compliance should contain a reference to the acceptable means of compliance and corresponding Implementing Rule, indicating the relevant provisions covered by the alternative means of compliance.
- (b) In order to demonstrate that the Implementing Rules are met, a risk assessment should be completed and documented by the organisation or the competent authority, as applicable. The result of this risk assessment should demonstrate that an equivalent level of safety to that established by the acceptable means of compliance adopted by the Agency is reached.
- (c) The evaluation by the competent authority of an alternative means of compliance submitted by the organisation should not exceed 6 months.

GM1 Article 8(5) Limitation on ACS or APS ratings

The limitation on ACS or APS ratings stemming from the rating endorsement(s) for which training has been accomplished should be marked on the licence following the instructions given in Appendix 1 to this Regulation.

ANNEX I

PART-ATCO

REQUIREMENTS FOR THE LICENSING OF AIR TRAFFIC CONTROLLERS

SUBPART A – GENERAL REQUIREMENTS

GM1 ATCO.A.015(b) Provisional inability

The provisions of ATCO.MED.020 (further detailed under AMC1 ATCO.MED.A.020) are also relevant.

SUBPART B – LICENCES, RATINGS AND ENDORSEMENTS

AMC1 ATCO.B.001(d) Assessment of previous competence

When establishing previous competence in a rating the assessment should be based on the requirements set out in Part-ATCO Subpart D, Section 2.

AMC1 ATCO.B.010(b) Assessment of previous competence

When establishing previous competence in a rating the assessment should be based on the requirements set out in Part-ATCO, Subpart D, Section 2.

AMC1 ATCO.B.025(a)(1) Validity of the unit endorsement

When establishing the validity of a unit endorsement, elements such as unit standards of performance and seasonal variations should be taken into account.

Appropriate means should be in place to monitor the competence of the air traffic controllers. The means should be proportionate to the validity time.

If the proposed validity time of the unit endorsement exceeds 12 months additional means should be in place to monitor and ensure the continuous competence of the air traffic controllers.

If the ATC unit is proposing to increase the validity time of the unit endorsement a safety assessment should be conducted.

AMC1 ATCO.B.025(a)(6) Assessment of practical skills

- (a) Assessment of practical skills may have one or more components.
- (b) One component should be a practical assessment; other components may be oral examinations and/or written examinations.
- (c) Practical assessments should be conducted as continuous assessment or dedicated practical assessment(s).
- (d) Continuous assessment

Continuous assessment should be achieved by the competence assessor assessing, during normal operational duties, the operational performance compared to the standard of the air traffic control service expected.

Where the assessor has not been able to adequately assess the air traffic controller by continuous assessment, he/she should not certify the air traffic controller's competence until a dedicated practical assessment has been conducted.

- (e) Dedicated practical assessment

A dedicated practical assessment may consist of a single assessment or a series of assessments.

To conduct a dedicated practical assessment the assessor(s) should sit with the air traffic controller with the purpose of assessing, under normal operational conditions, the operational performance compared to the standard of the air traffic control service expected.

The air traffic controller concerned should be advised that a dedicated practical assessment is to be conducted and be briefed on the conduct of the assessment.

For those situations where an applicant's performance cannot be observed at the time of the assessment (e.g. low visibility operations, snow clearing, military activity, etc.), the assessment may be supplemented by synthetic training device sessions and/or an oral examination.

(f) The performance objectives topics to be assessed should be determined in detail by the air navigation service provider. Examples of performance objectives topics are as follows:

- application of unit regulations and procedures (e.g. minimum separation standards, letters of agreement, AIP);
- traffic analysis and planning;
- priority setting;
- communication, including phraseology;
- capacity and expedition;
- accuracy;
- initiative, adaptability and decision making;
- air traffic control techniques;
- teamwork and other human factors skills;
- the level of risk associated with the tasks performed (e.g. attitudes to risk).

(g) Procedures when failing

Notwithstanding ATCO.B.025(a)(11), when an air traffic controller fails in one of the components of the assessment he/she should not be allowed to exercise the privilege of this unit endorsement until a successful competence assessment has been performed. Resitting of the full competence assessment or the failed part only may be required.

(h) Record-keeping

The results of all assessments, including those of the continuous assessment, and examinations should be documented and stored confidentially, accessible for the assessor and the person being assessed.

GM1 ATCO.B.025(a)(6) Assessment of practical skills

ORAL EXAMINATIONS

Oral examination should be used to test understanding of applicable techniques and the rules governing them, particularly of unit and national air traffic control procedures. Scenario-type questioning allows the assessor to gather additional evidence of how an air traffic controller would react in circumstances that are not observable but are nevertheless considered important to the overall operation at that ATC unit.

The oral examination should give a clear indication that the air traffic controller knows not only what he/she should be doing, but why he/she should be doing it. The oral examination requires considerable skill and it should be undertaken in a way to ensure consistency between individual assessors.

GM2 ATCO.B.025(a)(6) Assessment of practical skills

Assessment of practical skills should be adapted to the validity time of the unit endorsement of the ATC unit.

The assessment of air traffic controllers at ATC units with seasonal variations should reflect the higher volume and complexity situations.

GM1 ATCO.B.025(a)(10) Examinations and assessments during refresher and conversion training

- (a) Assessments of practical skills should be conducted primarily on a synthetic training device or offline environments.
- (b) Examinations and assessments should be conducted by appropriately qualified personnel having:
 - (1) detailed knowledge of the training objectives; and
 - (2) detailed knowledge of the subjects, topics and subtopics being examined or assessed.

AMC1 ATCO.B.025(a)(14) Minimum number of OJT instruction hours and assessments

In order to maintain their competence connected to the respective licence endorsement(s) OJTIs should perform a minimum of 50 hours of instruction per year, an assessor should conduct a minimum of 5 assessments per year.

AMC1 ATCO.B.040 General

- (a) The language proficiency assessment should be designed to reflect the tasks undertaken by air traffic controllers but with specific focus on language rather than operational procedures and knowledge.
- (b) The assessment should determine the applicant's ability to communicate effectively using visual and non-visual communication in both routine and non-routine situations.

AMC2 ATCO.B.040 Assessment

- (a) The assessment should be subdivided into the following three elements, as follows:
 - (1) listening — assessment of comprehension;
 - (2) speaking — assessment of pronunciation, fluency, structure and vocabulary;
 - (3) interaction.
- (b) Phraseology and the switch between phraseology and plain language should be assessed for listening and speaking proficiency.
- (c) When the assessment is not conducted in a face-to-face situation, it should use appropriate technologies for the assessment of the applicant's abilities in listening and speaking, and for enabling interactions.

AMC3 ATCO.B.040 Assessors for language proficiency

- (a) It is essential that the persons responsible for language proficiency assessment are suitably trained and qualified. They should be either aviation specialists (e.g. current or former air traffic controllers), or language specialists with additional aviation-related training. The preferred approach for an assessment would be to form a team consisting of an operational expert and a language expert.
- (b) Language proficiency assessors should be trained on the requirements specific to the language proficiency assessment, and assessment and interlocution techniques.

- (c) Language proficiency assessors should undergo regular refresher training.
- (d) Language proficiency assessors should not assess applicants to whom they have given language training since their preceding assessment.

AMC4 ATCO.B.040 Criteria for the acceptability of language assessment bodies

- (a) A language assessment body should provide clear information about its organisation and its relationships with other organisations.
- (b) If a language assessment body is also a training organisation, there should be a clear and documented separation between the two activities.
- (c) The language assessment body should employ sufficient numbers of qualified interlocutors and assessors to administer the required tests.
- (d) The assessment documentation should include at least the following:
 - (1) assessment objectives;
 - (2) assessment layout, timescale, technologies used, assessment samples, voice samples;
 - (3) assessment criteria and standards (at least for the operational, extended and expert levels of the rating scale in Appendix 2 to this Regulation);
 - (4) documentation demonstrating the assessment validity, relevance and reliability for the operational and extended levels;
 - (5) documentation demonstrating the assessment validity, relevance and reliability for the expert level;
 - (6) procedures to ensure that language assessments are standardised within the language assessment body and in the ATC community;
 - (7) assessment procedures and responsibilities:
 - preparation of individual assessment;
 - administration: location(s), identity check and invigilation, assessment discipline, confidentiality/security;
 - reporting and documentation provided to the competent authority and/or to the applicant, including sample certificate;
 - retention of documents and records.
- (e) The assessment documentation and records should be kept for a period of time determined by the competent authority and made available to the competent authority upon request.

GM1 ATCO.B.040 Assessment of language proficiency

Further information can be found in the 'Manual on the Implementation of ICAO Language Proficiency Requirements' (ICAO Doc 9835) and the Language Testing Criteria for Global Harmonization (ICAO Cir 318 AN/180).

SUBPART C – REQUIREMENTS FOR INSTRUCTORS AND ASSESSORS

**SECTION 1
INSTRUCTORS**

AMC1 ATCO.C.001(b)(1) Qualification of theoretical instructors

Appropriate professional qualification is ensured with a sufficient level of current knowledge, which is relevant to the subject and its application in air traffic control.

GM1 ATCO.C.001(b)(1) Theoretical instructors for basic training

For theoretical instructors involved in the basic training phase of initial training any rating is considered relevant.

AMC1 ATCO.C.001(b)(2) Instructional skills for theoretical instructors

A successful demonstration of instructional skills for theoretical instructors should establish competence in the following areas:

- (a) lesson objectives are defined and communicated;
- (b) subject questions are fully answered;
- (c) visual aids are used appropriately;
- (d) language is unambiguous;
- (e) the lesson is correctly summarised;
- (f) lesson objectives are fulfilled.

Source: UK CAA CAP 624.

GM1 ATCO.C.010(c) OJTI experience exemption

Duly justified cases could be:

- increased intake of student air traffic controllers into unit training and a concurrent shortage of OJTIs;
- low intensity with low complexity traffic.

GM2 ATCO.C.010(c) OJTI experience exemption

When requested by the training organisation competent authorities should take into account in their assessment the consolidation of complex knowledge and skills, often seasonally dependent, when considering the justification of the training organisation.

GM1 ATCO.C.015(b) OJTI experience exemption

Duly justified case may be low intensity with low complexity traffic.

GM2 ATCO.C.015(b) OJTI experience exemption

When requested by the training organisation competent authorities should take into account in their assessment the consolidation of complex knowledge and skills, often seasonally dependent, when considering the justification of the training organisation.

GM1 ATCO.C.025 Examples for temporary OJTI authorisation

Situations leading to the issue of a temporary OJTI authorisation may be the following:

- (a) establishment of a new ATC unit for the air navigation service provider;
- (b) new rating or rating endorsement put into operation at an ATC unit;
- (c) seasonal and/or temporary ATC unit.

GM1 on ATCO.C.035(b) Assessment of previous competence for STDIs

The purpose of the assessment of previous competence is to ascertain the level of competence to be equivalent to the rating training performance objectives set out in Part-ATCO, Subpart D, Section 2.

GM1 ATCO.C.040(d)(1) Assessment of previous competence for STDIs

The purpose of the assessment of previous competence is to ascertain the level of competence to be equivalent to the rating training performance objectives set out in Part-ATCO, Subpart D, Section 2.

SECTION 2 ASSESSORS

GM1 ATCO.C.045(f) Independence from the training process

In small ATC units service providers may not be in a position to nominate a assessor holding the unit endorsement with the desired independence from the training process. In order to ascertain the desired independence, they may make use of the possibility described in ATCO.C.045(f).

SUBPART D – AIR TRAFFIC CONTROLLER TRAINING

SECTION 1 GENERAL REQUIREMENTS

AMC1 ATCO.D.005(a)(2) Unit training

Unit training should be undertaken by applicants for a unit endorsement associated with:

- (a) the issue of an air traffic controller licence with at least one rating and, if applicable, one rating endorsement;
- (b) the addition of a unit endorsement in an air traffic controller licence;
- (c) the addition of a rating and rating endorsement, if applicable, in an existing licence;
- (d) the addition of rating endorsement in an existing licence;
- (e) the reactivation of a rating and/or rating endorsement that has not been exercised for a period of four immediately preceding consecutive years, in accordance with the provisions set out in ATCO.B.010(b) and ATCO.B.015(e).
- (f) the renewal of an expired, suspended or revoked unit endorsement, where applicable.

GM1 ATCO.D.005(a)(2)(ii) On-the-job training

- (a) On-the-job training may be supplemented for pedagogical reasons by theoretical instructions and computer-based training, part-task trainers or any type of simulators aiming at increasing knowledge, understanding and application of local procedures.
- (b) Hours accumulated using these training tools and methods during this phase cannot be counted towards the minimum duration of on-the-job training.

SECTION 2 INITIAL TRAINING REQUIREMENTS

GM1 ATCO.D.010 Composition of initial training

- (a) Initial training is made up of basic training which is common to all applicants and rating training of which there are six different rating syllabi.
- (b) Rating training may be commenced before the completion of the basic training.
- (c) If an applicant already holds a student air traffic controller licence or an air traffic controller licence, and there is a requirement for training to achieve an additional rating (and, if relevant, rating endorsement), the applicant

should not repeat the basic training objectives; however, there is a requirement to achieve the objectives contained within the relevant rating training plus any additional objectives specific to the local or national environment.

AMC1 ATCO.D.025(c)(1) Rating training performance objectives

Training organisations should define the airspace to suit their requirements and detailed performance objectives.

GM1 ATCO.D.025 Rating training performance objectives

A list of performance objectives tasks can be found in EUROCONTROL's document 'ATCO Rating Training Performance Objectives', Edition 1.0 of 14/12/2010.

GM1 ATCO.D.030(d) Certificate of completion of initial training

The certificate of completion referred to in ATCO.D.030(d) may take any form and title and may cover multiple candidates.

GM1 ATCO.D.040 Initial training plan

The provisions of ATCO.OR.C.015 (which are further detailed under AMC1 ATCO.OR.C.015(c)) are also relevant.

SECTION 3 UNIT TRAINING REQUIREMENTS

GM1 ATCO.D.045(a) Composition of unit training

If an applicant undertakes unit endorsement training, and there is a requirement for training to achieve an additional unit endorsement, the applicant should not repeat the training objectives covered in the first unit endorsement training; however, there is a requirement to achieve the objectives contained within the relevant unit endorsement course(s).

AMC1 ATCO.D.045(c)(3) Abnormal and emergency situations training

- (a) The training for all identified abnormal and emergency situations should primarily take place on synthetic training devices.
- (b) If the pre-OJT phase is not provided, the abnormal and emergency situation training should be scenario-based and as realistic as possible while maintaining operational safety.
- (c) Checklists for abnormal and emergency situations used in operations should be made available to the applicant.

AMC1 ATCO.D.045(c)(4) Human factors training

- (a) Human factors topics

Training organisations should train the applicant during OJT in team resource management, fatigue management and stress management.

- (b) Team resource management
 - (1) Training organisations should develop performance objectives for team resource management training.
 - (2) The team resource management training may also make use of synthetic training devices.
- (c) Fatigue management and stress management

Service providers should develop training objectives for fatigue management and stress management training.

AMC1 ATCO.D.055 Unit training plan

The provisions of ATCO.OR.C.015 (which are further detailed under AMC1 ATCO.OR.C.015(c)) are also relevant.

AMC1 ATCO.D.055(b)(6) Duration of unit endorsement courses

- (a) The practical training as part of the unit endorsement course should be at least of the duration specified in Annex 1 to the Chicago Convention, Section 4.5.2.2.1(b).
- (b) The ratings named in Annex 1 to the Chicago Convention, Section 4.5.2.2.1(b) should read in the context of this Regulation:
 - (1) aerodrome control rating: ADV and ADI ratings;
 - (2) approach control procedural rating: APP rating;
 - (3) approach control surveillance rating: APS rating;
 - (4) area control procedural rating: ACP rating;
 - (5) area control surveillance rating: ACS rating.
- (c) The rating approach precision radar control rating in Annex 1 to the Chicago Convention, Section 4.5.2.2.1(b) should read in the context of this Regulation as APS-PAR Rating endorsement according to ATCO.B.015.

AMC1 ATCO.D.055(b)(14) Abnormal and emergency situations

- (a) Abnormal and emergency situations

For identified abnormal and emergency situations, the training organisation should establish desirable behaviours and associate them with established procedures.

Desirable behaviours of the applicants in case of abnormal or emergency situations can be of technical or non-technical nature.

- (b) Training objectives

The training organisation should develop performance objectives for all identified abnormal and emergency situations.

GM1 ATCO.D.055(b)(5) Training methods for unit training

The service providers should consider a variety of methods when conducting training leading to a unit endorsement. Although this list is not exhaustive, such methods could be:

- lecture,
- lesson/demonstration,
- case study,
- computer-based practical exercise,
- exercise,
- facilitation,
- group work,
- hands-on,
- interactive training,
- supervised practices,
- part-task practice,
- individual simulation,
- team simulation,
- group simulation,
- briefing/debriefing,
- structured briefing,

- structured debriefing,
- virtual classroom,
- role-play,
- skill acquisition,
- self-study,
- self-test.

For further information see EUROCONTROL's material such as 'Guidance for Developing ATCO Basic Training Plans', Edition 2.0, EUROCONTROL Brussels, 2010.

GM1 ATCO.D.060(d);(e) Unit endorsement course

Training for rating endorsement(s) as part of the unit endorsement course may be delegated to training organisations certified for initial training.

GM1 ATCO.D.065 Demonstration of theoretical knowledge and understanding

(a) Methods of examination

- (1) Oral examination and/or a written/computer-based examination of the controller's knowledge and understanding.

- (i) Oral examinations

The oral examination is used to test understanding of applicable techniques and the rules governing them, particularly of unit and national air traffic control procedures. Scenario-type questioning allows examiners to gather additional evidence of how an applicant would react in circumstances that are not observable but are nevertheless considered important to the overall operation at that ATC unit.

Oral examinations will give a clear indication that the persons undertaking training know not only what they should be doing, but why they should be doing it. The oral examination requires considerable skills and it should be undertaken in a way to ensure consistency between individual examiners.

- (ii) Written examinations

The written examination is used to test theoretical knowledge and to a lesser degree the understanding of applicable techniques and the rules governing them, particularly of unit and national air traffic control procedures. It is easier to administer and to ensure the consistency of written examinations particularly when using multiple-choice questioning. Although multiple-choice questioning can test knowledge it is not appropriate for determining what a controller would do in a particular operational situation.

Written examinations can also be computer-based.

- (2) The most comprehensive method of testing the understanding of the person undertaking training, as opposed to their possession of pure knowledge, would be a combination of written examinations that assess the knowledge of unit and national procedures, together with a separate oral examination which tests the understanding and reactions to operational situations.

GM1 ATCO.D.070 Assessments of practical skills during unit endorsement courses

- (a) Dedicated practical assessments

- (1) A dedicated practical assessment should normally be carried out for the issue or renewal of a unit endorsement.

A dedicated practical assessment may consist of a single assessment or a series of assessments, as detailed in the unit training plan.

To conduct a dedicated practical assessment the competence assessor(s) should sit with the applicant with the purpose of observing the quality and assessing the standard of work being carried out and, if also acting as OJTI at the same time, to maintain a safe, orderly and expeditious flow of air traffic.

The applicant concerned should be briefed on the conduct of the assessment.

For those situations where an applicant's performance cannot be observed at the time of the assessment (e.g. low visibility operations, snow clearing, military activity, etc.), the assessment may be supplemented by synthetic training device sessions and oral examination.

- (2) Dedicated practical assessments may also be conducted at any stage of training as detailed in the unit training plan, where a more definitive measure of the progress is required, for example after 50 hours of practical training.

(b) Continuous assessment

Continuous assessment may be achieved by the assessor observing the standard of the air traffic control service provided by those whose competence he/she will certify as he/she works with them during unit training or normal operational duties.

In cases where the assessors haven't had sufficient contact with the applicant to adequately assess his/her performance they will not certify the applicant's competence until the assessors have conducted a dedicated practical assessment. The applicant concerned must be advised that a dedicated practical assessment is to be conducted.

(c) Oral examination

The oral examination is used to test understanding of applicable techniques and the rules governing them, particularly of unit and national air traffic control procedures. Scenario-type questioning allows the examiners to gather additional evidence of how an applicant would react in circumstances that are not observable but are nevertheless considered important to the overall operation at that ATC unit.

The oral examination will give a clear indication that the applicant knows not only what he/she should be doing, but why he/she should be doing it. The oral examination requires considerable skills and it should be undertaken in a way to ensure consistency between individual examiners.

SECTION 4 CONTINUATION TRAINING REQUIREMENTS

AMC1 ATCO.D.080 Refresher training EXAMINATIONS AND ASSESSMENTS

Refresher topics should be examined or assessed, using the processes described in the unit competence scheme.

GM1 ATCO.D.080 Refresher training subjects

Topics for refresher training subjects may include rarely used procedures and practices, such as seasonally dependent procedures, trends and observations from occurrence reports and results of normal operations safety surveys.

AMC1 ATCO.D.080(b)(2) Abnormal situation and emergency training

Abnormal situation and emergency training should be designed to expose air traffic controllers to circumstances and situations which they do not habitually or commonly experience.

The essential difference from an emergency situation is that the element of danger or serious risk is not necessarily present in an abnormal situation.

AMC2 ATCO.D.080(b)(2) Phraseology training

- (a) The training organisation should develop objectives for phraseology.
- (b) Phraseology should be examined or assessed.

GM1 ATCO.D.080(b)(2) Phraseology and radio communication training

Communication misunderstanding is present in most air traffic occurrences and the consistent use of standard ICAO phraseology is designed to mitigate such occurrences.

Phraseology and radio communication training is part of the linguistic training according to ICAO; the ICAO language proficiency check does not assess the use of standard phraseology.

Radio communication phraseology samples offer learning opportunities and foster harmonisation.

AMC1 ATCO.D.080(b)(3) Human factors training

- (a) Training organisations should train air traffic controllers at least in team resource management, fatigue management and stress management.
- (b) The team resource management training may also make use of STD and/or occurrence case studies.

AMC1 ATCO.D.090 Language training

Language training should be made available to:

- (a) holders of language proficiency endorsement at level 4;
- (b) licence holders without the opportunity to apply their skills on a regular basis in order to maintain their language skills.

AMC2 ATCO.D.090 Language training

- (a) Language training should contain communication in a job-related context particularly to handle abnormal and emergency situations and conduct non-routine coordination with colleagues, crews and technical staff.
- (b) Emphasis should be placed on listening comprehension, speaking interaction and vocabulary building.

GM1 ATCO.D.090 Language training

While it is true that many licence holders regularly have prolonged and extensive opportunities to practise — and so to maintain — their language proficiency, it is also true that a purely routine use of the language through phraseology, standard procedures and limited social contact only maintains a restricted core usage of the language which might be quite inadequate for managing unexpected and abnormal situations.

Research shows that language proficiency erosion (language attrition) occurs rapidly over time; the lower the initial level the faster the rate of erosion, unless systematic strategies and a high degree of motivation counter this trend.

It is very well documented that one's language and communicative proficiency, even in one's native language, deteriorates sharply under stress.

GM2 ATCO.D.090 Language training

Training for language proficiency skills may be delegated to language training organisations.

SECTION 5 TRAINING OF INSTRUCTORS AND ASSESSORS

AMC1 ATCO.D.095(a)(1) Training of practical instructors SYNTHETIC TRAINING DEVICES USED FOR OJTI TRAINING

For the practical OJTI training, a PTT or higher level of synthetic training device should be used.

If the synthetic training environment does not correspond to the rating of the intended instructional environment, the applicant should practise the instructional skills in those procedures in which it is intended to provide instruction for at least one day before being assessed.

AMC2 ATCO.D.095(a)(1) Training of practical instructors ASSESSMENT OF INSTRUCTIONAL TECHNIQUES FOR PRACTICAL INSTRUCTORS

- (a) A successful assessment of instructional techniques for practical instructors should establish competence in the following areas:
- (1) regulatory impact on ATCO training;
 - (2) human factors during and impacting ATCO training;
 - (3) determine the background and experience of the person undertaking training;
 - (4) determine the current level of ability of the person undertaking training;
 - (5) plan training;
 - (6) conduct a pre-session briefing;
 - (7) conduct the training session;
 - (8) demonstrate and explain the tasks;
 - (9) monitor the training session;
 - (10) manage interventions correctly, including error correction;
 - (11) evaluate the performance of the person undertaking training;
 - (12) debrief the person undertaking training;
 - (13) furnish written reports on the performance of the person undertaking training;
 - (14) take appropriate follow-up action to resolve training problems.
- (b) In addition to paragraph (a), a successful assessment of instructional techniques for STDIs should establish competence in the following areas:
- (1) techniques of pausing clocks;
 - (2) knowledge on technical facilities/environment.

Source: UK CAA CAP 624 Air Traffic Controllers — Performance Objectives Part 12 — On-the-Job Training Instructor.

AMC1 ATCO.C.095(a)(2) Training of practical instructors REFRESHER TRAINING ON PRACTICAL INSTRUCTIONAL SKILLS

Refresher training on practical instructional skills should prevent knowledge and skills erosion, and for the training of STDIs it should be designed to maintain awareness of the live operational environment.

AMC1 ATCO.C.095(a)(3) Training of practical instructors
PRACTICAL INSTRUCTOR COMPETENCE ASSESSMENT

The practical instructor competence assessment for an OJTI may be undertaken either in live operations or on a synthetic training device.

The practical instructor competence assessment for an STDI should be undertaken on a synthetic training device.

GM1 ATCO.D.095 Training of practical instructors
OJTI TRAINING

With regard to OJTI training, further information can be found in EUROCONTROL's Guidelines for ATCO Development Training – OJTI Course Syllabus Edition 2.0, 27/08/2009.

AMC1 ATCO.D.100(a)(1) Training of assessors
ASSESSOR TRAINING COURSE

A successful assessment for the purpose of the assessor training course should establish competence in assessment techniques as follows:

- (a) regulatory environment and legal obligations;
- (b) types of assessment and their application;
- (c) performance objectives constituting air traffic controller competence;
- (d) conditions of assessments to create reliable results;
- (e) process of assessments and administrative procedures;
- (f) giving verbal feedback and writing assessment reports;
- (g) vested interests and code of conduct;
- (h) competence is accurately assessed against the performance objectives.

AMC2 ATCO.D.100(a)(1) Training of assessors
ASSESSMENT OF ASSESSOR COMPETENCE

The assessment of assessor competence should focus on the application of the skills of an assessor. The skills should represent at least a subset of the competences taught during the assessor training course.

AMC1 ATCO.D.100(a)(2) Training of assessors
REFRESHER TRAINING ON ASSESSMENT SKILLS

Refresher training on assessment skills should prevent knowledge and skills erosion and it should be designed to maintain skills in assessment techniques and awareness of the regulatory environment.

GM1 ATCO.D.100(a)(3) Training of assessors
ASSESSMENT OF ASSESSOR COMPETENCE

The level of harmonisation on competence assessment is low as a result of the variety of methods. Any assessment of assessor competence should be realistic and it could take place during live traffic situations or during training. Artificial set-ups should be avoided, if possible.

ANNEX II PART-ATCO.AR REQUIREMENTS FOR COMPETENT AUTHORITIES

SUBPART B – MANAGEMENT

AMC1 ATCO.AR.B.001(a)(2) Management system

TRAINING PROGRAMME AND RECURRENT TRAINING

- (a) The competent authority should establish a training programme for its personnel and a plan for its implementation. The training programme should include, as appropriate to the role, current knowledge, experience and skills of the personnel, at least the following:
 - (1) organisation and structure of the aviation legislation;
 - (2) the Chicago Convention, its relevant annexes and documents, the applicable requirements of Regulation (EC) No 216/2008, its Implementing Rules and related Acceptable Means of Compliance, Certification Specifications and Guidance Material, as well as assessment methodology of the alternative means of compliance and the applicable national legislation;
 - (3) the applicable requirements and procedures;
 - (4) areas of particular interest.
- (b) The training programme and plan should be updated, as needed, to reflect, at least, changes in aviation legislation and industry. The training programme should also cover the specific needs of the personnel and the competent authority.
- (c) The competent authority should ensure that its personnel, including its ATM/ANS inspectors, undergo recurrent training at regular intervals as defined by the competent authority or whenever deemed necessary, in order to be kept up to date.

AMC1 ATCO.AR.B.001(d) Management system

PROCEDURES AVAILABLE TO THE AGENCY

- (a) Copies of the procedures related to the competent authority's management system and their amendments to be made available to the Agency for the purpose of standardisation should provide at least the following information:
 - (1) Regarding oversight functions undertaken by the competent authority, the competent authority's organisational structure with description of the main processes. This information should demonstrate the allocation of responsibilities within the competent authority, and that the competent authority is capable of carrying out the full range of tasks regarding the size and complexity of the Member State's aviation industry. It should also consider overall proficiency and authorisation scope of the competent authority's personnel.
 - (2) For personnel involved in oversight activities, the minimum professional qualification requirements as well as experience and procedures leading to appointment (e.g. assessment).
 - (3) How the following are carried out: assessing applications and evaluating compliance, issuing of certificates, performance of oversight, follow-up of findings, enforcement measures and resolution of safety concerns.
 - (4) Principles of managing exemptions and derogations.
 - (5) Criteria for planning oversight (oversight programme).
 - (6) Outline of the initial training of newly recruited oversight personnel (taking future activities into account), and the basic framework for continuation training of oversight personnel.

- (b) As part of the continuous monitoring of a competent authority, the Agency may request details of the working methods used, in addition to the copy of the procedures of the competent authority's management system (and amendments). These additional details are the procedures and related guidance material describing working methods for competent authority personnel conducting oversight.
- (c) Information related to the competent authority's management system may be submitted in electronic format.

GM1 ATCO.AR.B.005 Allocation of tasks to qualified entities
CERTIFICATION TASKS

The tasks that may be performed by a qualified entity on behalf of the competent authority include those related to the initial certification and oversight of training organisations as defined in this Regulation, with the exclusion of the issuing of certificates.

GM1 ATCO.AR.B.015 Record-keeping

Records may be kept in electronic storages.

SUBPART C – OVERSIGHT AND ENFORCEMENT

AMC1 ATCO.AR.C.005 General

- (a) The audit or inspection of a certified training organisation should be conducted through checking of the facility for compliance, interviewing personnel and sampling relevant training courses to assess their conduct and standard.
- (b) Such audit or inspection should focus in addition to the items in AMC1 to ATCO.AR.E.005 on:
 - (1) information on the competence of instructors and assessors;
 - (2) evidence of sufficient funding;
 - (3) adequacy of the facilities to the courses being conducted and to the number of persons undertaking training;
 - (4) synthetic training devices;
 - (5) documentation, in particular documents related to courses, information on the updating system, training and operations manual;
 - (6) training records and forms.

**SUBPART D – ISSUE, REVALIDATION, RENEWAL, SUSPENSION AND
REVOCATION OF LICENCES, RATINGS AND ENDORSEMENTS**

**GM1 ATCO.AR.D.001(a) Application form for the issue, revalidation and
renewal of licences, ratings and endorsements**

| APPLICATION FOR ISSUE/REVALIDATION/RENEWAL OF STUDENT (STATCOL) OR AIR TRAFFIC CONTROLLER LICENCE (ATCOL), RATINGS AND ENDORSEMENTS | | | | | | |
|--|----------------------------------|-----------------------------------|------------------------------------|------------------------------|---|------------------------------|
| Part A: APPLICANT'S DETAILS | | | | | | |
| Name: | | | | | | |
| Permanent address: | | | | | | |
| Tel.: Mobile: E-mail address: | | | | | | |
| Nationality: | | | | | | |
| Date (and place) of birth: | | | | | | |
| STATCO/ATCO DETAILS (if applicable): | | | | | | |
| Licence serial No: | | | | | | |
| Date of issue: | | | | | | |
| EMPLOYER'S DETAILS (if applicable): | | | | | | |
| Name: | | | | | | |
| Part B: APPLICATION FOR (Tick the relevant boxes) | | | | | | |
| <input type="checkbox"/> Issue of STATCOL (Part C and E of this form) | | | | | | |
| <input type="checkbox"/> Language endorsement (Part C and E of this form) | | | | | | |
| <input type="checkbox"/> Issue of ATCOL (Part C and E of this form) | | | | | | |
| <input type="checkbox"/> Revalidation of ATCOL rating, endorsements (Part C, D, and E of this form) | | | | | | |
| <input type="checkbox"/> Renewal of ATCOL rating, endorsements (Part C, D, and E of this form) | | | | | | |
| Part C: RATING/RATING ENDORSEMENT/ATC UNIT/Sector | | | | | | |
| ADI <input type="checkbox"/> | (Unit, sector, working position) | TWR <input type="checkbox"/> | GMC <input type="checkbox"/> | GMS <input type="checkbox"/> | AIR <input type="checkbox"/> | RAD <input type="checkbox"/> |
| APS <input type="checkbox"/> | (Unit, sector, working position) | PAR <input type="checkbox"/> | SRA <input type="checkbox"/> | TCL <input type="checkbox"/> | With limitation: RAD <input type="checkbox"/> ADS <input type="checkbox"/> | |
| ACS <input type="checkbox"/> | (Unit, sector, working position) | TCL <input type="checkbox"/> | OCN <input type="checkbox"/> | | With limitation: RAD <input type="checkbox"/> ADS <input type="checkbox"/> | |
| ACP <input type="checkbox"/> | (Unit, sector, working position) | OCN <input type="checkbox"/> | | | | |
| ADV <input type="checkbox"/> | (Unit, sector, working position) | | | | | |
| APP <input type="checkbox"/> | (Unit, sector, working position) | | | | | |
| Licence endorsements | | | | | | |
| OJTI <input type="checkbox"/> | STDI <input type="checkbox"/> | Assessor <input type="checkbox"/> | Language proficiency endorsement | | | |
| | | | – level 4 <input type="checkbox"/> | | | |
| | | | – level 5 <input type="checkbox"/> | | | |
| | | | – level 6 <input type="checkbox"/> | | | |
| Part D: Unit endorsement revalidation/renewal | | | | | | |
| The applicant meets the requirements according to Regulation (EU) No .../... and to the unit competence scheme of unit | | | | | | |
| The unit/licence endorsements annotated below are revalidated/renewed * (delete as appropriate). | | | | | | |
| Based on this, REVALIDATION/RENEWAL can be done as listed below: | | | | | | |
| Unit endorsement: | | Valid until: | | | | |
| Unit endorsement: | | Valid until: | | | | |
| Unit endorsement: | | Valid until: | | | | |
| Unit endorsement: | | Valid until: | | | | |
| Unit endorsement: | | Valid until: | | | | |
| Unit endorsement: | | Valid until: | | | | |
| I certify that the data is complete and true | Name: | Assessor's licence number: | Signature: | | | |
| Authorised assessor: | | | | | | |
| I hereby: | | | | | | |
| 1. apply for the issue/revalidation/renewal of STATCOL/ATCOL, ratings and/or endorsements as indicated; | | | | | | |
| 2. confirm that the information contained herein is correct at the time of the application; | | | | | | |
| 3. confirm that I am not holding any STATCOL or ATCOL issued in another Member State; | | | | | | |
| 4. confirm that I have not applied for any STATCOL or ATCOL in another Member State; and | | | | | | |
| 5. confirm that I have never held a STATCOL or ATCOL issued in another Member State which | | | | | | |

has been revoked or suspended in any other Member State.
I understand that any incorrect information provided herein could prohibit me from holding a
STATCOL or ATCOL.

Signed: Name:

Date:

Part E: Certificates/Documents

Please enclose all relevant certificates and/or documents:

1. Copy of STATCL, if applicable:.....
2. Copy of passport or other national ID:.....
3. Copy of medical certificate:.....
4. Copy of relevant training certificate/documents proving the successful completion of:
 - (a) Initial training (integrated)
 - (b) Basic training
 - (c) Rating training
 - (d) Unit training
 - (e) Practical instructor training
 - (f) Assessor training
 - (g) Refresher training
5. Copy of language proficiency certificate(s): language(s).....
6. Certificate by ATC provider
proving that the licence holder has fulfilled the requirements in accordance with the approved unit
competence scheme
7. Copy of the competence assessment form.....
8. Copy

AMC1 ATCO.AR.D.010 Suspension and revocation of licences, ratings and endorsements

If following the investigation of an accident or incident there is evidence that a licence holder may be a causal factor of that accident or incident while exercising the privileges of a licence, rating or endorsement, the competent authority may suspend the licence, rating, endorsement until the ATCO and/or OJTI competence is demonstrated.

GM1 ATCO.AR.D.010(d) Suspension and revocation of licences, ratings and endorsements

SUSPENSION OF AN ASSESSOR ENDORSEMENT

The suspension or revocation of the assessor endorsement should be notified to the relevant air navigation service provider and to the endorsement holder.

SUBPART E – CERTIFICATION PROCEDURE FOR AIR TRAFFIC CONTROLLER TRAINING ORGANISATIONS

AMC1 ATCO.AR.E.001(a) Certification procedure for training organisations

VERIFICATION OF COMPLIANCE

- (a) The competent authority should establish the applicant's compliance through an audit of the organisation, including interviews of personnel and inspections carried out at the organisation's facilities.
- (b) The competent authority should only conduct such audit after being satisfied that the application for a certificate complies with the applicable requirements.
- (c) The audit should include, but should not be limited to, the following areas:
 - (1) detailed management structure, including names and qualifications of personnel required by ATCO.OR.C.010, adequacy of the organisation and management structure;
 - (2) adequacy of number and qualifications of personnel;
 - (3) safety management and compliance monitoring with applicable requirements;
 - (4) adequacy of the facilities with regard to the organisation's scope of training;
 - (5) documentation on the basis of which the certificate shall be granted (organisation documentation as required by Annex III (Part-ATCO.OR), including manuals, training plans and course documentation).
- (d) In case of non-compliance the applicant should be informed in writing of the corrections required.

AMC1 ATCO.AR.E.005 Changes to training organisations

- (a) The competent authority should be informed of any changes to personnel specified in Annex III (Part-ATCO.OR) that may affect the certificate.
- (b) The competent authority should receive from the organisation each management system documentation amendment, including amendments that do not require prior approval by the competent authority.
 - (1) Where the amendment requires the competent authority's approval, the competent authority, when satisfied, should approve in writing.

- (2) Where the amendment does not require prior approval, the competent authority should acknowledge receipt of the notification in writing within 10 working days.
- (c) For changes requiring prior approval, the competent authority may conduct an audit of the organisation in order to verify the training organisation's compliance with the applicable requirements.
- (d) In case of any non-compliance, the competent authority should:
 - (1) notify the training organisation about the non-compliance and request further changes; and
 - (2) in case of level 1 or level 2 findings, act in accordance with ATCO.AR.E.020.

GM1 ATCO.AR.E.005 Changes to training organisations

CHANGE OF NAME OF THE TRAINING ORGANISATION

- (a) Upon receipt of the application and the relevant parts of the organisation's documentation as required by Annex III (Part-ATCO.OR), the competent authority should reissue the certificate.
- (b) A name change alone does not require the competent authority to audit the organisation, unless there is evidence that other aspects of the organisation have changed.

GM2 ATCO.AR.E.005(b) Changes to training organisations

ADEQUATE ACTION

Adequate action by the competent authority may include suspension, limitation or revocation of the training organisation's certificate.

GM 1 to AR.ATCO.E.010 Findings and corrective actions

For a level 1 finding it may be necessary for the competent authority to ensure that further training by the organisation is carried out and audited by the competent authority before the activity is resumed, dependent upon the nature of the finding.

Only the certifying competent authority may take action on the certificate.

SUBPART F — SPECIFIC REQUIREMENTS RELATING TO AERO-MEDICAL CERTIFICATION

SECTION I — GENERAL

AMC1 ATCO.AR.F.010 Medical certificate
MEDICAL CERTIFICATE

ATCO MEDICAL CERTIFICATE

| | |
|--|--|
| <p>Competent authority's name and logo (English and any language(s) determined by the competent authority)</p> <p style="text-align: center;">EUROPEAN UNION (English only)</p> <p style="text-align: center;">Class 3 MEDICAL CERTIFICATE Pertaining to a Part-ATCO licence (English and any language(s) determined by the competent authority)</p> <p>Issued in accordance with Part-ATCO.MED</p> <p>This medical certificate complies with ICAO standards</p> <p>(English and any language(s) determined by the competent authority)</p> <p style="text-align: center;">EASA Form 147 Issue 1</p> | <p>Requirements:</p> <p>'European Union' to be deleted for non-EU Member States.</p> <p>The size of each page should be one eighth A4.</p> |
|--|--|

| | |
|---|---|
| <p>I <i>Authority that issued or is to issue the ATCO licence</i></p> <p>III <i>Certificate number</i></p> <p>IV <i>Last and first name of holder:</i></p> <p>XIV <i>Date of birth: (dd/mm/yyyy)</i></p> <p>VI <i>Nationality:</i></p> <p>VII <i>Signature of holder:</i></p> | <p>XIII <i>Limitations:</i> Code: Description:</p> <p>X <i>Date of issue¹:</i></p> <p style="text-align: center;">Signature of issuing AME/medical assessor:</p> <p>XI <i>Stamp:</i></p> |
| 2 | 3 |

¹ Date of issue is the date the certificate is issued and signed.

| | |
|---|-------------------|
| IX National language(s)/ <i>Expiry date of this certificate</i> | <i>dd/mm/yyyy</i> |
| National languages(s)/ <i>Examination date:</i> (<i>dd/mm/yyyy</i>) | |
| | |
| | |
| | |
| | |
| 4 | |

AMC1 ATCO.AR.F.025 Aero-medical forms
AERO-MEDICAL FORMS

The forms referred to in ATCO.AR.F.025 should reflect the information indicated in the following forms and corresponding instructions for completion.

LOGO

CIVIL AVIATION ADMINISTRATION/MEMBER STATE

APPLICATION FORM FOR A MEDICAL CERTIFICATE

MEDICAL IN CONFIDENCE

Complete this page fully and in block capitals — Refer to instructions for completion.

| | | | |
|--|--|---|--|
| (1) State of licence issue: | | (2) Medical certificate applied for: Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> | |
| (3) Surname: | | (4) Previous surname(s): | (12) Application: Initial <input type="checkbox"/> Revalidation/Renewal <input type="checkbox"/> |
| (5) Forename(s): | | (6) Date of birth (dd/mm/yyyy): | (7) Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> |
| (8) Place and country of birth: | | (9) Nationality: | (13) Reference number: |
| (10) Permanent address: Country: Telephone No: Mobile No: E-mail: | | (11) Postal address (if different): Country: Telephone No: | (14) Type of licence applied for: (15) Occupation (principal): (16) Employer: (17) Last medical examination: Date: Place: |
| (18) Licence(s) held (type): Licence number: | | (19) Any limitations on licence(s)/medical certificate held: No <input type="checkbox"/> Yes <input type="checkbox"/> Details: | |
| (20) Have you ever had a medical certificate denied, suspended or revoked? No <input type="checkbox"/> Yes <input type="checkbox"/> Date: Country: Details: | | (21) Flight time total: Hrs n/a <input type="checkbox"/> | (22) Flight time since last medical: Hrs n/a <input type="checkbox"/> |
| (24) Any aviation accident or reported incident since last medical examination? No <input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> Date: Place: Details: | | (23) Aircraft class/type(s) currently flown: n/a <input type="checkbox"/> | |
| (27) Do you drink alcohol? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, amount | | (25) Type of flying intended: n/a <input type="checkbox"/> | |
| (29) Do you smoke tobacco? No, never <input type="checkbox"/> No, stopped <input type="checkbox"/> state date: Yes <input type="checkbox"/> state type and amount: | | (26) Current pilot activity: Single pilot <input type="checkbox"/> Multi-pilot <input type="checkbox"/> Current ATCO activity: Tower <input type="checkbox"/> Radar <input type="checkbox"/> Other ATCO <input type="checkbox"/> | |
| (28) Do you currently use any medication? No <input type="checkbox"/> Yes <input type="checkbox"/> state medication, dose, date started and why: | | (27) Do you drink alcohol? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, amount | |

General and medical history: Do you have, or have you ever had, any of the following? (Please tick). If yes, give details in remarks section (30).

| Yes No | | Yes No | | Yes No | | Family history of: | | Yes No | |
|--|--|--|--|--|--|--|--|--------|--|
| 101 Eye trouble/eye operation | | 112 Nose, throat or speech disorder | | 123 Malaria or other tropical disease | | 170 Heart disease | | | |
| 102 Spectacles and/or contact lenses ever worn | | 113 Head injury or concussion | | 124 A positive HIV test | | 171 High blood pressure | | | |
| | | 114 Frequent or severe headaches | | 125 Sexually transmitted disease | | 172 High cholesterol level | | | |
| 103 Spectacle/contact lens prescriptions change since last medical exam. | | 115 Dizziness or fainting spells | | 126 Sleep disorder/apnoea syndrome | | 173 Epilepsy | | | |
| | | 116 Unconsciousness for any reason | | 127 Musculoskeletal illness/impairment | | 174 Mental illness | | | |
| 104 Hay fever, other allergy | | 117 Neurological disorders; stroke, epilepsy, seizure, paralysis, etc. | | 128 Any other illness or injury | | 175 Diabetes | | | |
| 105 Asthma, lung disease | | 118 Psychological/psychiatric trouble of any sort | | 129 Admission to hospital | | 176 Tuberculosis | | | |
| 106 Heart or vascular trouble | | 119 Alcohol/drug/substance abuse | | 130 Visit to medical practitioner since last medical examination | | 177 Allergy/asthma/eczema | | | |
| 107 High or low blood pressure | | 120 Attempted suicide | | 131 Refusal of life insurance | | 178 Inherited disorders | | | |
| 108 Kidney stone or blood in urine | | | | 132 Refusal of pilot/ATCO licence | | 179 Glaucoma | | | |
| 109 Diabetes, hormone disorder | | 121 Motion sickness requiring medication | | 133 Medical rejection from or for military service | | Females only: | | | |
| | | 122 Anaemia/sickle cell trait/other blood disorders | | 134 Award of pension or compensation for injury or illness | | 150 Gynaecological, menstrual problems | | | |
| 110 Stomach, liver or intestinal trouble | | | | | | 151 Are you pregnant? | | | |

(30) **Remarks:** If previously reported and no change since, so state.

(31) **Declaration:** I hereby declare that I have carefully considered the statements made above and to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statements. I understand that, if I have made any false or misleading statements in connection with this application, or fail to release the supporting medical information, the licensing authority may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under national law.

CONSENT TO RELEASE OF MEDICAL INFORMATION: I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the medical assessor of the licensing authority, recognising that these documents or electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, providing that I or my physician may have access to them according to national law. Medical confidentiality will be respected at all times.

.....
Date

.....
Signature of applicant

.....
Signature of AME/(medical assessor)

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION FORM FOR A MEDICAL CERTIFICATE

This application form and all attached report forms will be transmitted to the licensing authority. Medical confidentiality shall be respected at all times.

The applicant should personally complete, in full, all questions (sections) on the application form. Writing should be legible and in block capitals, using a ball-point pen. Completion of this form by typing/printing is also acceptable. If more space is required to answer any questions, a plain sheet of paper should be used, bearing the applicant's name and signature, and the date of signing. The following numbered instructions apply to the numbered headings on the application form for a medical certificate.

Failure to complete the application form in full, or to write legibly, may result in non-acceptance of the application form. The making of false or misleading statements or the withholding of relevant information in respect of this application may result in criminal prosecution, denial of this application and/or withdrawal of any medical certificate(s) granted.

| | |
|--|---|
| <p>1. LICENSING AUTHORITY: State name of country this application is to be forwarded to.</p> | <p>17.LAST APPLICATION FOR A MEDICAL CERTIFICATE: State date (day, month, year) and place (town, country). Initial applicants state 'NONE'.</p> |
| <p>2. MEDICAL CERTIFICATE APPLIED FOR: Tick appropriate box. Class 1: Professional Pilot Class 2: Private Pilot Class 3: Air Traffic Controller</p> | <p>18.LICENCE(S) HELD (TYPE): State type of licence(s) held. Enter licence number and State of issue. If no licences are held, state 'NONE'.</p> |
| <p>3. SURNAME: State surname/family name.</p> | <p>19.ANY LIMITATIONS ON THE LICENCE(S)/MEDICAL CERTIFICATE: Tick appropriate box and give details of any limitations on your licence(s)/medical certificate, e.g. vision, colour vision, safety pilot, etc.</p> |
| <p>4. PREVIOUS SURNAME(S): If your surname or family name has changed for any reason, state previous name(s).</p> | <p>20.MEDICAL CERTIFICATE DENIAL, SUSPENSION OR REVOCATION: Tick 'YES' box if you have ever had a medical certificate denied, suspended or revoked, even if only temporary. If 'YES', state date (dd/mm/yyyy) and country where it occurred.</p> |
| <p>5. FORENAME(S): State first and middle names (maximum three).</p> | <p>21.FLIGHT TIME TOTAL: State total number of hours flown or, for ATCO's tick n/a box.</p> |
| <p>6. DATE OF BIRTH: Specify in order dd/mm/yyyy.</p> | <p>22. FLIGHT TIME SINCE LAST MEDICAL: State number of hours flown since your last medical examination or, for ATCO's tick n/a box.</p> |
| <p>7. SEX: Tick appropriate box.</p> | <p>23.AIRCRAFT CLASS/TYPE(S) CURRENTLY FLOWN: State name of principal aircraft flown, e.g. Boeing 737, Cessna 150, etc., or, for ATCO's tick n/a box.</p> |
| <p>8. PLACE AND COUNTRY OF BIRTH: State town and country of birth.</p> | <p>24.ANY AVIATION ACCIDENT OR REPORTED INCIDENT SINCE LAST MEDICAL EXAMINATION: If 'YES' box ticked, state date (dd/mm/yyyy) and country of accident/incident.</p> |
| <p>9. NATIONALITY: State name of country of citizenship.</p> | <p>25.TYPE OF FLYING INTENDED: State whether airline, charter, single pilot, commercial air transport, carrying passengers, agriculture, pleasure, etc.</p> |
| <p>10. PERMANENT ADDRESS: State permanent postal address and country. Enter telephone area code as well as telephone number.</p> | <p>26.CURRENTPILOT/ATCO ACTIVITY: Tick appropriate box to indicate whether you fly as the SOLE pilot or not or, for ATCO's whether you operate as tower, radar or other.</p> |
| <p>11. POSTAL ADDRESS (IF DIFFERENT): If different from permanent address, state full current postal address including telephone number and area code. If the same, enter 'SAME'.</p> | <p>27.DO YOU DRINK ALCOHOL? Tick applicable box. If yes, state weekly alcohol consumption, e.g. 2 litres beer.</p> |
| <p>12. APPLICATION: Tick appropriate box.</p> | <p>28.DO YOU CURRENTLY USE ANY MEDICATION? If 'YES', give full details — name, how much you take and when, etc. Include any non-prescription medication.</p> |
| <p>13. REFERENCE NUMBER: State reference number allocated to you by the licensing authority. Initial applicants enter 'NONE'.</p> | <p>29.DO YOU SMOKE TOBACCO? Tick applicable box. Current smokers state type (cigarettes, cigars, pipe) and amount (e.g. 2 cigars daily; pipe — 1 oz. weekly).</p> |
| <p>14. TYPE OF LICENCE APPLIED FOR: State type of licence applied for from the following list: Aeroplane Transport Pilot Licence Multi-Pilot Licence Commercial Pilot Licence/Instrument Rating Commercial Pilot Licence Air Traffic Controller Licence Private Pilot Licence/Instrument Rating Private Pilot Licence Sailplane Pilot Licence Balloon Pilot Licence and whether Fixed Wing/Rotary Wing/Both</p> | <p>GENERAL AND MEDICAL HISTORY All items under this heading from number 101 to 179 inclusive should have the answer 'YES' or 'NO' ticked. You should tick 'YES' if you have ever had the condition in your life and describe the condition and approximate date in the (30) remarks section. All questions asked are medically important even though this may not be readily apparent. Items numbered 170 to 179 relate to immediate family history, whereas items numbered 150 to 151 should be answered by female applicants only. If information has been reported on a previous application form for a medical certificate and there has been no change in your condition, you may state 'Previously reported; no change since'. However, you should still tick 'YES' to the condition. Do not report occasional common illnesses such as colds.</p> |
| <p>15.OCCUPATION (PRINCIPAL): Indicate your principal employment.</p> | <p>31.DECLARATION AND CONSENT TO OBTAINING AND RELEASING INFORMATION: Do not sign or date these declarations until indicated to do so by the AME who will act as witness and sign accordingly.</p> |
| <p>16. EMPLOYER: If principal occupation is pilot/ATCO, then state employer's name or if self-employed as a pilot, state 'self'.</p> | |

MEDICAL EXAMINATION REPORT FORM FOR CLASS 1, CLASS 2 & CLASS 3 APPLICANTS MEDICAL IN CONFIDENCE

| | | | | | | | | |
|---|----------------------|----------------------|---------------------|----------------------|---|-----------|-----------------------|---|
| (201) Examination category Initial <input type="checkbox"/> Revalidation <input type="checkbox"/> Renewal <input type="checkbox"/> Referral <input type="checkbox"/> | (202) Height (cm) | (203) Weight (kg) | (204) Colour eye | (205) Colour hair | (206) Blood pressure — seated (mmHg) | | (207) Pulse — resting | |
| | | | | | Systolic | Diastolic | Rate (bpm) | Rhythm: regular <input type="checkbox"/> irregular <input type="checkbox"/> |
| Clinical exam: Check each item | | | | | Normal | Abnormal | Normal | Abnormal |

| | |
|--|--|
| (208) Head, face, neck, scalp | (218) Abdomen, hernia, liver, spleen |
| (209) Mouth, throat, teeth, voice, speech | (219) Anus, rectum |
| (210) Nose, sinuses | (220) Genito-urinary system |
| (211) Ears, drums, eardrum motility | (221) Endocrine system |
| (212) Eyes — orbit & adnexa; visual fields | (222) Upper & lower limbs, joints |
| (213) Eyes — pupils and optic fundi | (223) Spine, other musculoskeletal |
| (214) Eyes — ocular motility; nystagmus | (224) Neurologic — reflexes, etc. |
| (215) Lungs, chest, breasts | (225) Psychiatric |
| (216) Heart | (226) Skin, identifying marks and lymphatics |
| (217) Vascular system | (227) General systemic |
| (228) Notes: Describe every abnormal finding. Enter applicable item number before each comment. | |

Visual acuity

(229) *Distant vision*

| | | | | |
|-----------|-------------|----------|------------|----------------|
| | Uncorrected | | Spectacles | Contact lenses |
| Right eye | | Corr. to | | |
| Left eye | | Corr. to | | |
| Both eyes | | Corr. to | | |

(236) **Pulmonary function** (237) **Haemoglobin**

| | |
|---|---|
| FEV ₁ /FVC _____ % | _____ (unit) |
| Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> | Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> |

(235) **Urinalysis** Normal Abnormal

| | | | |
|---------|---------|-------|-------|
| Glucose | Protein | Blood | Other |
|---------|---------|-------|-------|

Accompanying reports

| | | | |
|--------------------------|---------------|--------|------------------|
| | Not performed | Normal | Abnormal/Comment |
| (238) ECG | | | |
| (239) Audiogram | | | |
| (240) Ophthalmology | | | |
| (241) ORL (ENT) | | | |
| (242) Blood lipids | | | |
| (243) Pulmonary function | | | |
| (244) Other (what?) | | | |

(247) **AME recommendation:**

| | | |
|---|----------------|-------------------|
| Name of applicant: | Date of birth: | Reference number: |
| _____ | _____ | _____ |
| <input type="checkbox"/> Fit for class: _____ <input type="checkbox"/> Medical certificate issued by undersigned (copy attached) for class: _____ <input type="checkbox"/> Unfit for class: _____ <input type="checkbox"/> Deferred for further evaluation. If yes, why and to whom? | | |
| (248) Comments, limitations | | |

(230) *Intermediate vision*

| | | | | |
|-----------|-------------|----|-----------|----|
| | Uncorrected | | Corrected | |
| | Yes | No | Yes | No |
| Right eye | | | | |
| Left eye | | | | |
| Both eyes | | | | |

(231) *Near vision*

| | | | | |
|-----------|-------------|----|-----------|----|
| | Uncorrected | | Corrected | |
| | Yes | No | Yes | No |
| Right eye | | | | |
| Left eye | | | | |
| Both eyes | | | | |

(232) **Spectacles** Yes No

(233) **Contact lenses** Yes No

Type: _____

| | | | | |
|-------------------|-----|-----|------|-----|
| Refraction | Sph | Cyl | Axis | Add |
| Right eye | | | | |
| Left eye | | | | |

(313) **Colour vision** Normal Abnormal

Pseudo-isochromatic plates Type: Ishihara (24 plates)
No of plates: _____ No of errors: _____

(234) **Hearing** (when 239/241 not performed)

| | | |
|---|---|---|
| | Right ear | Left ear |
| Conversational voice test (2m) with back turned to examiner | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Audiometry

| | | | | |
|-------|-----|------|------|------|
| Hz | 500 | 1000 | 2000 | 3000 |
| Right | | | | |
| Left | | | | |

(249) **AME declaration:**

I hereby certify that I/my AME group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

| | | |
|-----------------------|---|---------------------|
| (250) Place and date: | AME name and address: | AME certificate No: |
| AME signature: | E-mail: Telephone No: Telefax No: | |

INSTRUCTIONS FOR COMPLETION OF THE MEDICAL EXAMINATION REPORT FORMS

The AME performing the examination should verify the identity of the applicant.

All questions (sections) on the medical examination report form should be completed in full. If an otorhinolaryngology examination report form is attached, then questions 209, 210, 211, and 234 may be omitted. If an ophthalmology examination report form is attached, then questions 212, 213, 214, 229, 230, 231, 232, and 233 may be omitted.

Writing should be legible and in block capitals using a ball-point pen. Completion of this form by typing/printing is also acceptable. If more space is required to answer any question, a plain sheet of paper should be used, bearing the applicant's name, the AME's name and signature, and the date of signing. The following numbered instructions apply to the numbered headings on the medical examination report form.

Failure to complete the medical examination report form in full, as required, or to write legibly, may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of false or misleading statements or the withholding of relevant information by an AME may result in criminal prosecution, denial of an application or withdrawal of any medical certificate(s) granted.

- 201 EXAMINATION CATEGORY — Tick appropriate box.
Initial — Initial examination for either class 1, 2 or 3; also initial examination for upgrading from class 2 to 1 (notate 'upgrading' in box 248).
Renewal/Revalidation — Subsequent ROUTINE examinations.
- 202 HEIGHT — Measure height, without shoes, in centimetres to nearest cm.
- 203 WEIGHT — Measure weight, in indoor clothes, in kilograms to nearest kg.
- 204 COLOUR EYE — State colour of applicant's eyes from the following list: brown, blue, green, hazel, grey, multi.
- 205 COLOUR HAIR — State colour of applicant's hair from the following list: brown, black, red, fair, bald.
- 206 BLOOD PRESSURE — Blood pressure readings should be recorded as Phase 1 for systolic pressure and Phase 5 for diastolic pressure. The applicant should be seated and rested. Recordings in mm Hg.
- 207 PULSE (RESTING) — The pulse rate should be recorded in beats per minute and the rhythm should be recorded as regular or irregular. Further comments if necessary may be written in section 228, 248 or separately.
- 208 to 227 inclusive constitute the general clinical examination, and each of the boxes should be marked (with a tick) as normal or abnormal.
- 208 HEAD, FACE, NECK, SCALP — To include appearance, range of neck and facial movements, symmetry, etc.
- 209 MOUTH, THROAT, TEETH, VOICE, SPEECH — To include voice and speech quality and appearance of buccal cavity, palate motility, tonsillar area, pharynx and also gums, teeth and tongue.
- 210 NOSE, SINUSES — To include appearance and any evidence of nasal obstruction or sinus tenderness on palpation.
- 211 EARS, DRUMS, EARDRUM MOTILITY — To include otoscopy of external ear, canal, tympanic membrane. Eardrum motility by valsalva manoeuvre or by pneumatic otoscopy.
- 212 EYES — ORBIT AND ADNEXA; VISUAL FIELDS — To include appearance, position and movement of eyes and their surrounding structures in general, including eyelids and conjunctiva. Visual fields check by campimetry, perimetry or confrontation.
- 213 EYES — PUPILS AND OPTIC FUNDI — To include appearance, size, reflexes, red reflex and funduscopy. Special note of corneal scars.
- 214 EYES — OCULAR MOTILITY, NYSTAGMUS — To include range of movement of eyes in all directions; symmetry of movement of both eyes; ocular muscle balance; convergence; accommodation; signs of nystagmus.
- 215 LUNGS, CHEST, BREASTS — To include inspection of chest for deformities, operation scars, abnormality of respiratory movement, auscultation of breath sounds. Physical examination of female applicant's breasts should only be performed with informed consent.
- 216 HEART — To include apical heartbeat, position, auscultation for murmurs, carotid bruits, palpation for trills.
- 217 VASCULAR SYSTEM — To include examination for varicose veins, character and feel of pulse, peripheral pulses, evidence of peripheral circulatory disease.
- 218 ABDOMEN, HERNIA, LIVER, SPLEEN — To include inspection of abdomen; palpation of internal organs; check for inguinal hernias in particular.
- 219 ANUS, RECTUM — Examination only with informed consent.
- 220 GENITO-URINARY SYSTEM — To include renal palpation; inspection palpation male/female reproductive organs only with informed consent.
- 221 ENDOCRINE SYSTEM — To include inspection, palpation for evidence of hormonal abnormalities/imbalance; thyroid gland.
- 222 UPPER AND LOWER LIMBS, JOINTS — To include full range of movements of joints and limbs, any deformities, weakness or loss. Evidence of arthritis.
- 223 SPINE, OTHER MUSCULOSKELETAL — To include range of movements, abnormalities of joints.
- 224 NEUROLOGIC — REFLEXES, ETC. To include reflexes, sensation, power, vestibular system — balance, romberg test, etc.
- 225 PSYCHIATRIC — To include appearance, appropriate mood/thought, unusual behaviour.
- 226 SKIN, IDENTIFYING MARKS AND LYMPHATICS — To include inspection of skin; inspection, palpation for lymphadenopathy, etc. Briefly describe scars, tattoos, birthmarks, etc., which could be used for identification purposes.
- 227 GENERAL SYSTEMIC — All other areas, systems and nutritional status.
- 228 NOTES — Any notes, comments or abnormalities to be described — extra notes if required on separate sheet of paper, signed and dated.
- 229 DISTANT VISION — Each eye to be examined separately and then both together. First without correction, then with spectacles (if used) and lastly with contact lenses, if used. Record visual acuity in appropriate boxes. Visual acuity to be tested with the appropriate chart for the distance.
- 230 INTERMEDIATE VISION — Each eye to be examined separately and then both together. First without correction, then with spectacles, if used, and lastly with contact lenses, if used. Record visual acuity in appropriate boxes (Yes/No).

- 231 NEAR VISION— Each eye to be examined separately and then both together. First without correction, then with spectacles if used and lastly with contact lenses, if used. Record visual acuity in appropriate boxes (Yes/No).
- Note:* Bifocal contact lenses and contact lenses correcting for near vision only are not acceptable.
- 232 SPECTACLES — Tick appropriate box signifying if spectacles are or are not worn by applicant. If used, state type of lens and frame and use-distance.
- 233 CONTACT LENSES — Tick appropriate box signifying if contact lenses are or are not worn. If worn, state type from the following list; hard, soft, gas-permeable or disposable.
- 313 COLOUR VISION— Tick appropriate box signifying if colour vision is normal or not. If abnormal, state number of plates of the first 15 of the pseudo-isochromatic plates (Ishihara 24 plates) that have not been read correctly.
- 234 HEARING — Tick appropriate box to indicate hearing level ability as tested separately in each ear at 2 m.
- 235 URINALYSIS — State whether result of urinalysis is normal or not by ticking appropriate box. If no abnormal constituents, state NIL in each appropriate box.
- 236 PULMONARY FUNCTION — When required or on indication, state actual FEV₁/FVC value obtained in % and state if normal or not with reference to height, age, sex and race.
- 237 HAEMOGLOBIN — Enter actual haemoglobin test result and state units used. Then state whether normal value or not, by ticking appropriate box.
- 238 to 244 inclusive: ACCOMPANYING REPORTS — One box opposite each of these sections must be ticked. If the test is not required and has not been performed, then tick the NOT PERFORMED box. If the test has been performed (whether required or on indication) complete the normal or abnormal box as appropriate. In the case of question 244, the number of other accompanying reports must be stated.
- 247 AME RECOMMENDATION — The applicant's name, date of birth and reference number, should be entered here in block capitals. The applicable class of medical certificate should be indicated by a tick in the appropriate box. If a fit assessment is recommended and a medical certificate has been issued, this should be indicated in the appropriate box. An applicant may be recommended as fit for a lower class of medical certificate (e.g. class 2), but also be deferred or recommended as unfit for a higher class of medical certificate (e.g. class 1). If an unfit recommendation is made, applicable Part-MED/Part-ATCO.MED paragraph references should be entered. If an applicant is deferred for further evaluation, the reason and the specialist or licensing authority to whom the applicant is referred should be indicated.
- 248 COMMENTS, LIMITATIONS, ETC. — The AME's findings and assessment of any abnormality in the history or examination, should be entered here. The AME should also state any limitation required.
- 249 AME DETAILS — The AME should sign the declaration, complete his/her name and address in block capitals, contact details and lastly stamp the relevant section with his/her designated AME stamp incorporating his/her AME number. The GMP identification number is the number provided by the national medical system.
- 250 PLACE AND DATE — The place (town or city) and the date of examination should be entered here. The date of examination is the date of the general examination and not the date of finalisation of the form. If the medical examination report is finalised on a different date, the date of finalisation should be entered in section 248 as 'Report finalised on ...'.

OPHTHALMOLOGY EXAMINATION REPORT FORM

Complete this page fully and in block capitals — Refer to instructions for completion.

MEDICAL IN CONFIDENCE

Applicant's details

| | | |
|---|---|---|
| (1) Licensing authority: | (2) Medical certificate applied for: Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> | |
| (3) Surname: | (4) Previous surname(s): | (12) Application: Initial <input type="checkbox"/> Revalidation/Renewal <input type="checkbox"/> |
| (5) Forename(s): | (6) Date of birth: | (7) Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> |
| (13) Reference number: | | |
| <p>(301) Consent to release of medical information: I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the medical assessor of the licensing authority, recognising that these documents or electronically stored data, are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, providing that I or my physician may have access to them according to national law. Medical confidentiality will be respected at all times.</p> | | |
| Date | Signature of applicant | Signature of AME |

| | |
|---------------------------------------|---------------------------------|
| (302) Examination category: | (303) Ophthalmological history: |
| Initial <input type="checkbox"/> | |
| Revalidation <input type="checkbox"/> | |
| Renewal <input type="checkbox"/> | |
| Referral <input type="checkbox"/> | |

Clinical examination

| Check each item | Normal | Abnormal |
|--|--------|----------|
| (304) Eyes, external & eyelids | | |
| (305) Eyes, Exterior (slit lamp, ophth.) | | |
| (306) Eye position and motility | | |
| (307) Visual fields | | |
| (308) Pupillary reflexes | | |
| (309) Fundi (Ophthalmoscopy) | | |
| (310) Convergence | cm | |
| (311) Accommodation | D | |

Visual acuity

| | | Spectacles | | Contact lenses | |
|---------------------------|--|--------------|--|----------------|--|
| | | Uncorrected | | Uncorrected | |
| (314) Distant vision | | Corrected to | | Corrected to | |
| Right eye | | | | | |
| Left eye | | | | | |
| Both eyes | | | | | |
| | | Spectacles | | Contact lenses | |
| | | Uncorrected | | Uncorrected | |
| (315) Intermediate vision | | Corrected to | | Corrected to | |
| Right eye | | | | | |
| Left eye | | | | | |
| Both eyes | | | | | |
| | | Spectacles | | Contact lenses | |
| | | Uncorrected | | Uncorrected | |
| (316) Near vision | | Corrected to | | Corrected to | |
| Right eye | | | | | |
| Left eye | | | | | |
| Both eyes | | | | | |

(312) Ocular muscle balance (in prisme dioptres)

| Distant at 5m/6m | Near at 30-50 cm |
|--|------------------|
| Ortho | Ortho |
| Eso | Eso |
| Exo | Exo |
| Hyper | Hyper |
| Cyclo | Cyclo |
| Tropia Yes No Phoria Yes No | |
| Fusional reserve testing Not performed Normal Abnormal | |

(317) Refraction

| | Sph | Cylinder | Axis | Near (add) |
|--|-----|----------|------|------------|
| Right eye | | | | |
| Left eye | | | | |
| Actual refraction examined Spectacles prescription based | | | | |

(313) Colour vision

| | |
|---|----------------------------|
| Pseudo-isochromatic plates | Type: Ishihara (24 plates) |
| No of plates: | No of errors: |
| Other colour vision testing: | |
| Method: | |
| Normal trichromate Yes <input type="checkbox"/> No <input type="checkbox"/> | |

(318) Spectacles (319) Contact lenses

| | |
|--|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Type: | Type: |

(320) Intra-ocular pressure

| | |
|--|-------------|
| Right (mmHg) | Left (mmHg) |
| Method Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> | |

(321) Ophthalmological remarks and recommendation:

| |
|--|
| |
|--|

(322) Examiner's declaration:

I hereby certify that I/my AME group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

| | | |
|------------------------------|--|----------------------------------|
| (323) Place and date: | Ophth. examiner's name and address: (block capitals) | AME or specialist stamp with No: |
| AME or specialist signature: | E-mail: Telephone No: Telefax No: | |

INSTRUCTIONS FOR COMPLETION OF THE OPHTHALMOLOGY EXAMINATION REPORT FORM

Writing should be legible and in block capitals using a ball-point pen. Completion of this form by typing or printing is also acceptable. If more space is required to answer any question, a plain sheet of paper should be used, bearing the applicant's name, the name and signature of the AME or ophthalmology specialist performing the examination and the date of signing. The following numbered instructions apply to the numbered headings on the ophthalmology examination report form.

Failure to complete the medical examination report form in full, as required, or to write legibly may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of false or misleading statements or the withholding of relevant information by an examiner may result in criminal prosecution, denial of an application or withdrawal of any medical certificate granted.

The AME or ophthalmology specialist performing the examination should verify the identity of the applicant. The applicant should then be requested to complete the sections 1, 2, 3, 4, 5, 6, 7, 12 and 13 on the form and then sign and date the consent to release of medical information (section 301) with the examiner countersigning as witness.

302 EXAMINATION CATEGORY — Tick appropriate box.

Initial — Initial examination for either class 1 or 2 or 3; also initial examination for upgrading from class 2 to 1 (notate 'upgrading' in section 303).

Renewal/Revalidation — Subsequent comprehensive ophthalmological examinations (due to refractive error).

Special referral — NON-ROUTINE examination for assessment of an ophthalmological symptom or finding.

303 OPHTHALMOLOGICAL HISTORY — Detail here any history of note or reasons for special referral.

304 to 309 inclusive: CLINICAL EXAMINATION — These sections together cover the general clinical examination and each of the sections should be marked (with a tick) as normal or abnormal. Any abnormal findings or comments on findings should be entered in section 321.

310 CONVERGENCE — Enter near point of convergence in cm, as measured using RAF near point rule or equivalent. Tick whether normal or abnormal. Any abnormal findings or comments on findings should be entered in section 321.

311 ACCOMMODATION — Enter measurement recorded in dioptres using RAF near point rule or equivalent. Tick whether normal or abnormal. Any abnormal findings or comments on findings should be entered in section 321.

312 OCULAR MUSCLE BALANCE — Ocular muscle balance is tested at distant 5 or 6 m and near at 30–50 cm and results recorded. Presence of tropia or phoria must be entered accordingly and also whether fusional reserve testing was NOT performed and if performed whether normal or not.

313 COLOUR VISION— Enter type of pseudo-isochromatic plates (ishihara) as well as number of plates presented with number of errors made by examinee. State whether advanced colour vision testing is indicated and what methods used (which colour lantern or anomaloscopy) and finally whether judged to be colour safe or unsafe. Advanced colour vision testing is usually only required for initial assessment, unless indicated by change in applicant's colour vision.

314–316 VISUAL ACUITY TESTING AT 5 m/6m, 1m and 30–50cm — Record actual visual acuity obtained in appropriate boxes. If correction not worn nor required, put line through corrected vision boxes. Distant visual acuity to be tested at either 5 m or 6 m with the appropriate chart for that distance.

317 REFRACTION — Record results of refraction. Indicate also whether for class 2 applicants, refraction details are based upon spectacle prescription.

318 SPECTACLES — Tick appropriate box signifying if spectacles are or are not worn by applicant. If used, state whether unifocal, bifocal, varifocal or look-over.

319 CONTACT LENSES — Tick appropriate box signifying if contact lenses are or are not worn. If worn, state type from the following list; hard, soft, gas-permeable, disposable.

320 INTRA-OCULAR PRESSURE — Enter intra-ocular pressure recorded for right and left eyes and indicate whether normal or not. Also indicate method used —applanation, air, etc.

321 OPHTHALMOLOGICAL REMARKS AND RECOMMENDATION — Enter here all remarks, abnormal findings and assessment results. Also enter any limitations recommended. If there is any doubt about findings or recommendations, the examiner may contact the medical assessor for advice before finalising the report form.

322 OPHTHALMOLOGY EXAMINER'S DETAILS — The ophthalmology examiner must sign the declaration, complete his/her name and address in block capitals, contact details and lastly stamp the report with his/her designated stamp incorporating his/her AME or specialist number.

323 PLACE AND DATE — Enter the place (town or city) and the date of examination. The date of examination is the date of the clinical examination and not the date of finalisation of form. If the ophthalmology examination report is finalised on a different date, enter date of finalisation on section 321 as 'Report finalised on...'.

OTORHINOLARYNGOLOGY EXAMINATION REPORT FORM

Complete this page fully and in block capitals — Refer to instructions for completion.

MEDICAL IN CONFIDENCE

Applicant's details

| | | | | |
|---|--|---|---|---|
| (1) Licensing authority: | | (2) Medical certificate applied for: class 1 <input type="checkbox"/> class 2 <input type="checkbox"/> class 3 <input type="checkbox"/> | | |
| (3) Surname: | | (4) Previous surname(s): | | (12) Application: Initial <input type="checkbox"/> Revalidation/Renewal <input type="checkbox"/> |
| (5) Forename(s): | | (6) Date of birth: | (7) Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> | (13) Reference number: |
| <p>(401) Consent to release of medical information: I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the medical assessor of the licensing authority, recognising that these documents, or any electronically stored data, are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, providing that I or my physician may have access to them according to national law. Medical confidentiality will be respected at all times.</p> <p>-----</p> <p>Date Signature of applicant Signature of AME</p> | | | | |

| | |
|---|---------------------------------------|
| (402) Examination category: | (403) Otorhinolaryngological history: |
| Initial <input type="checkbox"/> | |
| Revalidation/renewal <input type="checkbox"/> | |
| Referral <input type="checkbox"/> | |

Clinical examination

| Check each item | Normal | Abnormal |
|--|--------|----------|
| (404) Head, face, neck, scalp | | |
| (405) Buccal cavity, teeth | | |
| (406) Pharynx | | |
| (407) Nasal passages and naso-pharynx (incl. anterior rhinoscopy) | | |
| (408) Vestibular system incl. Romberg test | | |
| (409) Speech/voice | | |
| (410) Sinuses | | |
| (411) Ext. acoustic meati, tympanic membranes | | |
| (412) Pneumatic otoscopy | | |
| (413) Impedance tympanometry including Valsalva manoeuvre (initial only) | | |

(419) *Pure tone audiometry*

| Hz | dB HL (hearing level) | |
|------|-----------------------|----------|
| | Right ear | Left ear |
| 250 | | |
| 500 | | |
| 1000 | | |
| 2000 | | |
| 3000 | | |
| 4000 | | |
| 6000 | | |
| 8000 | | |

(420) *Audiogram*

| dB/HL | Legend: o = Right, x = Left, --- = Air, = Bone | | | | | | | |
|-------|--|-----|------|------|------|------|------|------|
| | 250 | 500 | 1000 | 2000 | 3000 | 4000 | 6000 | 8000 |
| -10 | | | | | | | | |
| 0 | | | | | | | | |
| 10 | | | | | | | | |
| 20 | | | | | | | | |
| 30 | | | | | | | | |
| 40 | | | | | | | | |
| 50 | | | | | | | | |
| 60 | | | | | | | | |
| 70 | | | | | | | | |
| 80 | | | | | | | | |
| 90 | | | | | | | | |
| 100 | | | | | | | | |
| 110 | | | | | | | | |
| 120 | | | | | | | | |
| Hz | 250 | 500 | 1000 | 2000 | 3000 | 4000 | 6000 | 8000 |

| Additional testing (if indicated) | Not performed | Normal | Abnormal |
|---|---------------|--------|----------|
| (414) Speech audiometry | | | |
| (415) Posterior rhinoscopy | | | |
| (416) EOG; spontaneous and positional nystagmus | | | |
| (417) Differential caloric test or vestibular autorotation test | | | |
| (418) Mirror or fibre laryngoscopy | | | |

(421) **Otorhinolaryngology remarks and recommendation:**

(422) **Examiner's declaration:**

| | | |
|--|---|----------------------------------|
| I hereby certify that I/my AME group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly. | | |
| (423) Place and date: | ORL examiner's name and address: (block capitals) | AME or specialist stamp with No: |
| AME or specialist signature: | E-mail: Telephone No: Telefax No: | |

INSTRUCTIONS FOR COMPLETION OF THE OTORHINOLARYNGOLOGY EXAMINATION REPORT FORM

Writing should be legible and in block capitals using a ball-point pen. Completion of this form by typing or printing is also acceptable. If more space is required to answer any question, a plain sheet of paper should be used, bearing the applicant's name, the name and signature of the AME or otorhinolaryngology specialist performing the examination and the date of signing. The following numbered instructions apply to the numbered headings on the otorhinolaryngology examination report form.

Failure to complete the medical examination report form in full, as required, or to write legibly may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of false or misleading statements or the withholding of relevant information by an examiner may result in criminal prosecution, denial of an application or withdrawal of any medical certificate granted.

The AME or otorhinolaryngology specialist performing the examination should verify the identity of the applicant. The applicant should then be requested to complete the sections 1, 2, 3, 4, 5, 6, 7, 12 and 13 on the form and then sign and date the consent to release of medical information (section 401) with the examiner countersigning as witness.

- 402 EXAMINATION CATEGORY — Tick appropriate box.
- Initial — Initial examination for class 1 or class 3; also initial examination for upgrading from class 2 to 1 or 3 (notate 'upgrading' in section 403).
- Referral — NON-ROUTINE examination for assessment of an ORL symptom or finding.
- 403 OTORHINOLARYNGOLOGICAL HISTORY — Detail here any history of note or reasons for referral.
- 404–413 inclusive: CLINICAL EXAMINATION — These sections together cover the general clinical examination and each of the sections should be marked (with a tick) as normal or abnormal. Any abnormal findings or comments on findings should be entered in section 421.
- 414–418 inclusive: ADDITIONAL TESTING — These tests are only required to be performed if indicated by history or clinical findings and are not routinely required. For each test one of the boxes must be completed — if the test is not performed then tick that box — if the test has been performed then tick the appropriate box for a normal or abnormal result. All remarks and abnormal findings should be entered in section 421.
- 419 PURE TONE AUDIOMETRY — Complete figures for dB HL (hearing level) in each ear at all listed frequencies.
- 420 AUDIOGRAM — Complete audiogram from figures as listed in section 419.
- 421 OTORHINOLARYNGOLOGY REMARKS AND RECOMMENDATIONS— Enter here all remarks, abnormal findings and assessment results. Also enter any limitations recommended. If there is any doubt about findings or recommendations the examiner may contact the medical assessor for advice before finalising the report form.
- 422 OTORHINOLARYNGOLOGY EXAMINER'S DETAILS — The otorhinolaryngology examiner must sign the declaration, complete his/her name and address in block capitals, contact details and lastly stamp the report with his/her designated stamp incorporating his/her AME or specialist number.
- 423 PLACE AND DATE — Enter the place (town or city) and the date of examination. The date of examination is the date of the clinical examination and not the date of finalisation of form. If the ORL examination report is finalised on a different date, enter date of finalisation in section 421 as 'Report finalised on...'

ANNEX III
PART-ATCO.OR
REQUIREMENTS FOR AIR TRAFFIC CONTROLLER TRAINING
ORGANISATIONS AND AERO-MEDICAL CENTRES

SUBPART B — GENERAL REQUIREMENTS FOR AIR TRAFFIC CONTROLLER
TRAINING ORGANISATIONS

GM1 ATCO.OR.B.010(d)(2) Application for a training organisation certificate

The requirements to add the list of ATC units is not relevant in the case of training organisations which do not provide unit training (e.g. training organisations providing initial training only).

AMC1 ATCO.OR.B.015(a) Terms of approval and privileges of a training organisation certificate

The management system documentation should contain the privileges and detailed scope of activities including the contracted ones for which the training organisation is certified, as relevant to this Regulation.

GM1 ATCO.OR.B.035(a);(b) Findings
CORRECTIVE ACTION PLAN AND ROOT CAUSE

- (a) Corrective action is the action to eliminate the root cause of a non-compliance in order to prevent its recurrence.
- (b) Determination of the root cause is crucial for defining effective corrective actions.

GM2 ATCO.OR.B.035(c) Findings
COMPETENT AUTHORITY

When reference is made to the competent authority, this means either the competent authority that has issued the certificate or the competent authority ensuring oversight of activities, if they are different based on the agreement concluded between the authorities.

SUBPART C — MANAGEMENT OF AIR TRAFFIC CONTROLLER TRAINING
ORGANISATIONS

AMC1 ATCO.OR.C.001 Management system

The requirements for the management systems of the training organisation may be satisfied if the training organisation's scope and terms of approval are included in the air navigation service provider's certificate and the air navigation service provider's management system/safety management system (SMS) specifically covers the requirements of this Regulation.

AMC1 ATCO.OR.C.001(b) Management system

The safety policy should:

- (a) be endorsed by the accountable manager;
- (b) clearly identify safety as the highest organisational priority over commercial, operational, environmental or social pressures;
- (c) include a commitment to:
 - (1) improve towards the highest safety standards;
 - (2) comply with all applicable legal requirements, meet all applicable standards and consider best practices;
 - (3) provide appropriate resources;
 - (4) enforce safety as the primary responsibility of all managers and staff;

- (d) be communicated, with visible endorsement, throughout the organisation;
- (e) include safety reporting and just culture principles;
- (f) enhance and embed a good safety culture and safety awareness;
- (g) be periodically reviewed to ensure it remains relevant and appropriate to the training organisation.

AMC1 ATCO.OR.C.001(c) Management system

For training organisations not providing on-the-job training the hazards identification process may be limited to a demonstration that there are no hazards directly identified. However, the training should be designed so as to ensure future safe operations.

AMC1 ATCO.OR.C.001(d) Management system

A training organisation should demonstrate that:

- (a) a list of activities with relevant needed competence has been established;
- (b) their personnel have the relevant competence needed to fulfil the activities they are required to perform;
- (c) their personnel maintain a level of competence through training as appropriate;
- (d) their theoretical and practical instructors are qualified in accordance with Part-ATCO, Subpart C, of this Regulation;
- (e) their practical instructors either hold an on-the-job training instructor (OJTI) endorsement or a synthetic training device instructor (STDI) endorsement;
- (f) their theoretical and practical instructors receive adequate update and refresher training in air traffic control operational practices;
- (g) periodical assessment of their personnel is performed.

AMC1 ATCO.OR.C.001(e) Management system

Training organisations should demonstrate that the management system:

- (a) policies, processes and procedures are monitored to ensure they are current and subject to periodic review and amendment when necessary, to maintain their continued accuracy and suitability;
- (b) allows for the impromptu recognition and initiation of improvements to policies, processes and procedures between periodic reviews;
- (c) controls, records and tracks changes to all of the management system policy, process and procedure documents;
- (d) includes a master record index that lists all the policies, processes and procedures contained within the management system;
- (e) includes as a minimum the following:
 - (1) master record index;
 - (2) training provider certificate;
 - (3) management structure;
 - (4) staff role profiles including accountabilities and responsibilities;
 - (5) training manuals, plans and courses;
 - (6) evidence of regulatory compliance;
 - (7) change control process;
 - (8) safety management manual;
 - (9) course design documents;

(10) instructor/assessor qualification and competence records.

AMC1 ATCO.OR.C.001(f) Management system
COMPLIANCE MONITORING

- (a) The implementation and use of a compliance monitoring function should enable the training organisation to monitor compliance with the relevant requirements of this Regulation.
- (b) Training organisations should specify the basic structure of the compliance monitoring function applicable to the activities conducted.
- (c) The compliance monitoring function should be structured according to the activities of the training organisation to be monitored.

GM1 ATCO.OR.C.001(f) Management system
EXAMPLE OF COMPLIANCE MONITORING SYSTEM

- (a) Training organisations may monitor compliance with the procedures they have designed to ensure safe activities. In doing so they may as a minimum, and where appropriate, monitor:
 - (1) organisational structure;
 - (2) plans and objectives;
 - (3) privileges of the organisation;
 - (4) manuals, logs and records;
 - (5) training standards;
 - (6) management system.
- (b) Organisational setup:
 - (1) To ensure that the training organisation continues to meet the requirements of this Regulation, the accountable manager may designate a compliance monitoring manager whose role is to verify, by monitoring the activities of the organisation, that the standards required by this Regulation and any additional requirements as established by the organisation are being carried out properly under the supervision of the relevant head of the functional area. For small training organisations, these identified functions can be fulfilled by the same person.
 - (2) The compliance monitoring manager may be responsible for ensuring that the compliance monitoring programme is properly implemented, maintained and continually reviewed and improved.
 - (3) The compliance monitoring manager may:
 - (i) have direct access to the accountable manager; and
 - (ii) have access to all parts of the training organisation and, as necessary, to any contracted organisation.
- (c) Compliance monitoring documentation.
 - (1) Relevant documentation could include the relevant part(s) of the training organisation management system documentation.
 - (2) In addition, relevant documentation could also include the following:
 - (i) terminology;
 - (ii) specified activity standards;
 - (iii) description of the organisation;
 - (iv) allocation of duties and responsibilities;
 - (v) procedures to ensure regulatory compliance;
 - (vi) compliance monitoring programme, reflecting:

- (A) schedule of the monitoring programme;
 - (B) audit procedures;
 - (C) reporting procedures;
 - (D) follow-up and corrective action procedures; and
 - (E) recording system;
- (vii) training elements referred to in paragraph 4(b); and
- (viii) document control.
- (d) Training.
- (1) Correct and thorough training is essential to optimise compliance in every training organisation. In order to achieve significant outcomes of such training, the training organisation needs to ensure that all personnel understand the objectives laid down in the organisation manual.
 - (2) Those responsible for managing the compliance monitoring function could receive training on this task. Such training could cover the requirements of compliance monitoring, manuals and procedures related to the task, audit techniques, reporting and recording.
 - (3) Time needs to be provided to train all personnel involved in compliance management and for briefing the rest of the personnel.
 - (4) The allocation of time and resources needs to be governed by the activities covered by the training organisation.

AMC2 ATCO.OR.C.001(f) Management system

COMPLIANCE MONITORING

The person responsible for the compliance monitoring function (e.g. quality manager) should be responsible for the review and continuous improvement of the established management system's policies, processes and procedures. The following tools are essential to the ongoing continuous improvement process:

- (a) organisational risk profile;
- (b) risk management plan;
- (c) coherence matrix;
- (d) corrective and preventive action reports; and
- (e) inspection and audit reports.

GM2 ATCO.OR.C.001(f) Management system

COMPLIANCE MONITORING

- (a) These tools and processes related to the compliance monitoring function are interrelated and help define the continuous improvement efforts of the organisation. For example, any corrective or preventive action report could identify a deficiency or an opportunity for improvement. The person responsible for the compliance monitoring function would then be required to ensure the identified issue was addressed and effectively implemented. The same would be true if the discovery of an issue was identified during an inspection or audit.
- (b) The effective implementation of change and the subsequent validation that the change did result in the desired outcome is critical to the continuous improvement process. Simply introducing a well-meaning suggestion for improvement into the organisation without carefully managing that change could have undesirable consequences. It is therefore the responsibility of the person in charge of the compliance monitoring function to introduce, monitor and validate improvement efforts.
- (c) A simple but effective process to use in managing continuous improvement is known as the plan-do-check-act, or PDCA, approach:

- (1) plan — map out the implementation of the recommended change, identifying at least:
 - (i) those people who will be affected by the change;
 - (ii) the required measures necessary to mitigate risk; and
 - (iii) the desired outcome and its intended consequences.
- (2) do — execute the implementation plan once all affected groups have accepted the proposal and understand their role in ensuring its success;
- (3) check — apply sufficient quality control 'stage' checks throughout the implementation phase to ensure any unintended deviations in the execution are identified and addressed without delay; and
- (4) act — analyse the results and take appropriate action as necessary.

AMC1 ATCO.OR.C.005 Contracted activities

- (a) Training organisations may decide to contract certain parts of their activities to external organisations.
- (b) A written agreement should exist between the training organisation and the contracted organisation clearly defining the contracted activities and the applicable requirements.
- (c) The contracted safety-related activities relevant to the agreement should be included in the training organisation's compliance monitoring programme.
- (d) Training organisations should ensure that the contracted organisation has the necessary authorisation or approval when required, and commands the resources and competence to undertake the task.

GM1 ATCO.OR.C.005 Contracted activities

RESPONSIBILITY WHEN CONTRACTING ACTIVITIES

- (a) Regardless of the approval status of the contracted organisation, the contracting organisation is responsible to ensure that all contracted activities are subject to hazard identification and risk management as required by ATCO.OR.C.001(c) and to compliance monitoring as required by ATCO.OR.C.001(f).
- (b) When the contracted organisation is itself certified to carry out the contracted activities, the organisation's compliance monitoring should at least check that the approval effectively covers the contracted activities and that it is still valid.

GM1 ATCO.OR.C.010(b);(c) Personnel requirements

- (a) Training organisations may nominate the person responsible for training as the head of training and a person or persons subordinate to him or her as chief training instructors.
- (b) Usually training organisations nominate only one head of training.
- (c) Prerequisites, typical function and responsibilities of the head of training may be:
 - (1) to have extensive experience in instructing for all types of ATC training and possess sound managerial capability;
 - (2) to have overall responsibility for ensuring satisfactory integration of all training provided and for supervising the progress of the persons undertaking training;
 - (3) to be responsible for coordinating and delegating the contact to the competent authority in training-related issues; and
 - (4) to be ultimately responsible to the accountable manager.

- (d) Prerequisites, typical functions and responsibilities of the chief training instructors may be:
- (1) to have extensive experience in instructing for all types of ATC training and possess sound managerial capability;
 - (2) to have responsibility for ensuring satisfactory training provided and for supervising the progress of the persons undertaking training, in the areas that have been delegated by the head of training; and
 - (3) to report to the head of training.

AMC1 ATCO.OR.C.010(f) Personnel requirements

In order to maintain their competence STDIs should perform a minimum of 50 hours of instruction per year.

AMC1 ATCO.OR.C.015(a) Facilities

- (a) General areas

A training organisation should have access to facilities appropriate to the size and scope of the intended operations provided in an environment conducive to learning.

- (b) Training areas

For training organisations providing theoretical training, the facilities should also include sufficient suitably equipped classroom areas.

GM1 ATCO.OR.C.015(a) Facilities

- (a) General areas

These facilities should include general areas, which consist of sufficient:

- (1) office space for managerial and administrative as well as training staff;
- (2) rooms for study and testing;
- (3) library facilities; and
- (4) storage areas, including secure areas for training and personnel records.

- (b) Training areas

For training organisations providing practical training, the facilities should also include sufficient:

- (1) rooms for briefing and debriefing,
- (2) suitably equipped rooms for practical training.

AMC1 ATCO.OR.C.015(c) Facilities

SPECIFICATIONS FOR SYNTHETIC TRAINING DEVICES

- (a) Synthetic training devices classifications

Synthetic training devices used for training should be classified according to one of the following classifications:

- (1) simulator (SIM);
- (2) part-task trainer (PTT).

- (b) STD criteria

If a synthetic training device (STD) is used for training, it should be approved by the competent authority as part of the course approval process for any training plan. Training organisations should demonstrate how the STD will provide adequate support for a particular kind of training. This

demonstration and the related documentation should include the following relevant criteria:

- (1) the general environment, which should provide an environment in which STD exercises may be run without undue interference from unrelated activities;
- (2) the STD layout;
- (3) the equipment provided;
- (4) the display presentation, functionality, and updating of operational information;
- (5) data displays, including strip displays, where appropriate;
- (6) coordination facilities;
- (7) aircraft performance characteristics, including the availability of manoeuvres, e.g. holding or instrumental landing system (ILS) operation, required for a particular simulation;
- (8) the availability of real-time changes during an exercise;
- (9) the ability of the simulated environment to enable meeting the stated objectives of the practical training exercises;
- (10) the ability of the simulator and its exercises to enable the performance objectives to be assessed to the level determined in the training programme;
- (11) the processes by which the training organisation can be assured that staff associated with the training conducted with the use of an STD are competent;
- (12) the degree of realism of any voice recognition system associated with the STD;
- (13) where a simulator is an integral part of an operational ATC system, the processes by which the training organisation is assured that interference between the simulated and operational environments is prevented.

The extent to which the STD achieves the above criteria will be used to determine the adequacy of the STD for the proposed use. As a general principle, the greater the degree of replication of the operational position being represented the greater the use will be possible for any particular training.

- (c) Synthetic training devices used for pre-OJT

When an STD is used for pre-OJT and the training time is counted as operational training, the STD classification should be equivalent to high fidelity simulator, meaning a full size replica of a working position, including all equipment and computer programmes necessary to represent the full tasks associated with that position. In the case of a working position at a tower unit, it includes an out-of-the-tower view.

AMC1 ATCO.OR.C.020(a); (b) Record-keeping

Training organisations should maintain the following records:

- (a) Records of persons undertaking training:
 - (a) personal information;
 - (b) details of training received including the starting date of the training, as well as the results of the examinations and assessments;
 - (c) detailed and regular progress report forms;
 - (d) certificate of completion of training courses.
- (b) Records of instructors and assessors:

- (1) personal information;
- (2) qualification records;
- (3) records of refresher training for instructors and assessors;
- (4) assessment reports;
- (5) instructional and/or assessment time records.

Training organisations should submit training records and reports to the competent authority as required.