Compliance Checklist - TM according AMC1 ORA.ATO 230 (a)



Please fill in the	blue framed fields of the form, sign it and send it together with atta AUSTRO CONTR		nority: agramer Straße 19, 1220 Vienna, Austria		
1 STATE	MENT TYPE				
Compliance	Checklist TM according AMC1 ORA.ATO 230 (a)				
	NISATION REQUIREMENTS FOR AIRCREW [PAR	T-ORA]			
Requiremen	es not applicable for your organisation with "n.a." It Title	documented in	Chapter/Page		
REQUIREMENTS FOR TRAINING MANUALS (according AMC1 ORA.ATO.230)					
AMC1 ORA.ATO.230(a) - Training plan					
(a)(1)	The aim of the course (ATP, CPL/IR, CPL, etc. as applicable)				
(a)(2)	Pre-entry requirements				
(a)(3)	Credits for previous experience				
(a)(4)	Training syllabus				
(a)(5)	The time scale and scale, in weeks, for the syllabus				
(a)(6)	Training programme				
(a)(7)	Training records				
(a)(8)	Safety training				
(a)(9)	Tests and examinations				
(a)(10)	Training effectiveness				
(a)(11)	Standards and level of performance at various stages				
AMC1 ORA.ATO.230(a) - Briefing and exercises					
(b)(1)	Air exercise				
(b)(2)	Air exercise reference list				
(b)(3)	Course structure: phase of training				
(b)(4)	Course structure: integration of syllabi				
(b)(5)	Student progress				
(b)(6)	Instructional methods				
(b)(7)	Progress tests				
(b)(8)	Glossary of terms				

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(b)(9)	Appendices				
AMC1 ORA.ATO.230(a) - Flight training in an FSTD					
(c)(1)	Air exercise				
(c)(2)	Air exercise reference list				
(c)(3)	Course structure: phase of training				
(c)(4)	Course structure: integration of syllabi				
(c)(5)	Student progress				
(c)(6)	Instructional methods				
(c)(7)	Progress tests				
(c)(8)	Glossary of terms				
(c)(9)	Appendices				
AMC1 ORA.ATO.230(a) - Theoretical knowledge instruction					
(d)(1)	Structure of the theoretical knowledge course				
(d)(2)	Lesson plans				
(d)(3)	Teaching materials				
(d)(4)	Student progress				
(d)(5)	Progress testing				
(d)(6)	Review procedure				
3 SIGNATURE					
I declare that I have the legal capacity to submit this application to Austro Control GmbH and that all information provided in this application form is correct and complete.					
Place Date Signature of Accountable Manager					