

l **British Skydiving** 5 Wharf Way, Glen Parva

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ACCELERATED FREE FALL BASIC INSTRUCTOR (AFFBI) PROFICIENCY CARD

DETAILS OF APPLICANT

Title (Mr. Ms etc) & SURNAME_____

FORENAMES

ADDRESS_____

POST CODE_____

E-MAIL ADDRESS

LICENCE NUMBER

BRITISH SKYDIVING MEMBERSHIP NUMBER_ AFFBI PROFICIENCY REQUIREMENTS

Prior to attending an AFFBI Course the candidate must have completed and recorded (on this form) the following:

- a. Must have a good understanding of the Parachute Training Organisation (PTO) lesson plans content and their format.
- b. Delivered a minimum of three lessons from the Accelerated Free Fall Training syllabus.
- c. Delivered a minimum of three AFF Progression briefs.
- d. Delivered a minimum of three Additional Canopy Training (CT) Progression briefs.
- e. Carried out three sessions of Student talk down under supervision.
- f. Must demonstrate competency as a DZ controller.
- g. Adequate knowledge of the British Skydiving Operations Manual.
- h. Must have observed a full Accelerated Free Fall ground school.

N.B(1): Any lessons or progression briefs must <u>NOT</u> be delivered to real students.

N.B(2): In order for the candidate to carry out DZ control and student talk down, he or she must be in possession of their Radio Operators Certificate of competence and be under supervision of at least a Category System Instructor or Accelerated Free Fall Instructor.

PRE-COURSE EVALUATION ASSESSMENTS: (To be evaluated by an experienced, Chief Instructor (CI) nominated, Accelerated Free Fall Instructor)

Lesson 1:	Date:		Evaluato	r:		
Lesson 2:	Date:		Evaluato	r:		
Lesson 3:	Date:		Evaluato	r:		
Brief 1:	Date:		Evaluato	r:		
Brief 2:	Date:		Evaluato	r:		
Brief 3:	Date:		Evaluato	r:		
ADDITIONAL CANOPY TRAINING as per Operations Manual Section 2, Para 5, Sub Para 5.9						
Student CT Brief 1:		Date:		Evaluator:		
Student CT Brief 2:	C	Date:		Evaluator:		
Student CT Brief 3:	C	Date:		Evaluator:		

STUDENT TALK DOWN RECORD:

Student talk down mus	t have been carried out on a m	inimum of three occasions.		
Date:	Number of Students:	Instructor:		
Date:	Number of Students:	Instructor:		
Date:	Number of Students:	Instructor:		
DZ CONTROL RECORD	<u>.</u>			
I declare that I am profi	cient and are familiar with the	requirements to carry out D)Z control.	
Candidate Signature:	Date:	CI	Initials:	
ADEQUATE KNOWDLEI	DGE OF THE BRITISH SKYDIV	ING OPERATIONS MANUAI	L	
	CI Initials:		-	
OBSERVED A FULL AC	CELERATED FREE FALL GROU	UND SCHOOL:		
Date:	CI Initials:			
CANDIDATE DECLARA	TION			
I have completed all the	e requirements of this proficier	ncy card.		
I understand the conter	nt of my PTO lesson plans and	will teach according to their	r format.	
I meet all the requireme Accelerated Free Fall Ba		ydiving Operations Manual f	for attending a British Skydiving	
	e to produce this completed fo will lead to an automatic dism		Skydiving Accelerated Free Fall	
Name:	S	Signature:		
Date:	British Skydiving Membership No:			
CIDECLARATION:				
	andidate has demonstrated th d Free fall Basic Instructor Cou		ficiency requirements for	
CI Name:		Signature:		
Date:	British Skydiving Me	embership No.:	Licence No.:	

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