

Instructors' Practical Assessment Record Sheet Foundation Licence

Date of Course Commencement	<input type="text"/>	Date Completed	<input type="text"/>
Instructor name (please print)	<input type="text"/>	Registration No.	<input type="text"/>
Course Venue	<input type="text"/>		

Details of Assistant Instructors in connection with the Training Course

Name	<input type="text"/>	Callsign	<input type="text"/>	Registration No.	<input type="text"/>
Name	<input type="text"/>	Callsign	<input type="text"/>	Registration No.	<input type="text"/>

Date of Foundation Licence Exam	<input type="text"/>	Venue	<input type="text"/>
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Candidates Registered for Assessments

	Candidate Name	DOB	Foundation Practical Assessments								10
			8e.1	8e.2	8e.3	8e.4	8e.5	8f.1	8f.2		
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Notes

I confirm that the details given above are correct

Registered Assessor Signature	Date
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>