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| Name of Nominee:       |  CAAF Licence Type and No. (if held)*:*       |
| Nomination for the Position of:       | Fit & Proper Questionnaire submitted on:       |

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|  | **Requirements***(Applicant to be assessed on various requirements for the position).* | **Sat (S)/ Imp Rqd****(IR) N/A** | **Remarks** |
| 1  | Managerial Experience?  |          |       |
| 2  | Courses / Training?  |       |       |
| 3  | Discuss aviation experience: refer Resume  |       |       |
| 4  | Scope of previous employment?  |       |       |
| 5  | Knowledge of internal structure of the company?  |       |       |
| 6  | Describe your responsibilities?  |       |       |
| 7  | Delegation and Responsibilities?  |       |       |
| 8  | Extent of authority for delegation?  |       |       |
| 9  | Knowledge on ANR and SD’s:  |       |       |
| 10  | Explain relevant knowledge?  |       |       |
| 11  | What systems to monitor crew proficiency?  |       |       |
| 12  | What factors will determine your decision?  |       |       |
| 13  | Time for Role? (flying vs administration and staff oversight.)  |       |       |
| 14  | Medical or health issues?  |       |       |
| 15  | Knowledge of SMS systems? What do you see as your role in this?  |       |       |
| 16  | Quality Management systems. How do you see your participation in this?  |       |       |
| 17  | Staff resourcing: Your role in this?  |       |       |
| 18  | Aircraft resourcing: What considerations are considered?  |       |       |
| 19  | Financial resourcing? ( Given you do not sign cheques )  |       |       |
| 20  | And, to whom you discuss with?  |       |       |
| 21  | CAAF Audits: What areas are your responsibilities?  |       |       |
| 22  | In preparation?  |       |       |
| 23  | in Oversight ?  |       |       |
| 24  | Attitude toward Regulator?  |       |       |

CAAF Assessment team comments:

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| SFOI (I) / (D) *( if applicable)* |  | Click or tap to enter a date. |
| SAO SIG *( if applicable)* |  | Click or tap to enter a date. |
| FOI SIG *( if applicable)* |  | Click or tap to enter a date. |
| CAS SIG *( if applicable)* |  | Click or tap to enter a date. |
| CASF SIG *( if applicable)* |  | Click or tap to enter a date. |
| CGS SIG *( if applicable)* |  | Click or tap to enter a date. |
| GSD REP *( if applicable)* |  | Click or tap to enter a date. |