Form A09 Pilot personal details and training record

#### Contact details

|  |  |  |  |
| --- | --- | --- | --- |
| Pilot name |  | Address |  |
| Phone Business |  | After hours |  |
| Mobile |  | Email |  |

#### Next of kin

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relationship |  |
| Address |  | Mobile |  |
| Phone Business |  | After hours |  |
| Email |  |  |  |

#### Identification

|  |  |
| --- | --- |
| ARN |  |

| Medical |  |  |  |
| --- | --- | --- | --- |
| Class |  | Valid to |  |
| Last medical Place |  | Date |  |
| Doctors name |  |  |  |

| Hours |  |  |  |
| --- | --- | --- | --- |
| Hours - last 12 months (if applicable) |  | Last flight (if applicable) Date |  |
| Aircraft types flown |  |  |  |

#### Previous flying summary

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | All flying (hrs) |  | (hrs) |
| **PIC Day** | **PIC NGT** | **Dual Day** | **Dual NGT** | **TOTAL** | **Dual** | **PIC** |
|  |  |  |  |  |  |  |

#### Training & assessment

##### Ground

| Subject | Date | Certified by |
| --- | --- | --- |
| Induction |  |  |
| General emergency competency |  |  |
| Initial competency assessment |  |  |

##### Flight

| Event | Date | Certified |
| --- | --- | --- |
| Flight review |  |  |
|  |  |  |
|  |  |  |

Notes:

|  |  |  |  |
| --- | --- | --- | --- |
| **CEO signature:** |  | **Date:** |  |