



Telephone number:	+264 83 235 2485	Fax Number	+264 TBA
Physical address:	No.4 Rudolph Hertzog Street, Windhoek, NAMIBIA		
Postal address:	Private Bag X12003, Aussspannplatz, Windhoek, NAMIBIA	E-mail	licensing@ncaa.na

**Appendix 3
AIR TRAFFIC SERVICES COMPETENCY EVALUATION**

Part 1

1	Name		2	Date	DD / MM / YYYY	3	Shift	<input type="checkbox"/> AM	<input type="checkbox"/> PM	
4	Hours	Total				3	Shift	<input type="checkbox"/> DAY	<input type="checkbox"/> NS	
5	Theoretical Examination Result	%	DD / MM / YYYY							
6	Unit	FY	7	Position			8	Combined		
9	Purpose	<input type="checkbox"/> Annual Proficiency		<input type="checkbox"/> Familiarisation Check		<input type="checkbox"/> Validation Assessment				
		<input type="checkbox"/> Progress Assessment		<input type="checkbox"/> Ad Hoc Skills Check		<input type="checkbox"/> Remedial Training				
		<input type="checkbox"/> 25 hours		<input type="checkbox"/> 100 hours	<input type="checkbox"/> 150 hours		<input type="checkbox"/> 200 hours		<input type="checkbox"/> 250 hours	
		<input type="checkbox"/> 50 hours		<input type="checkbox"/> 300 hours		<input type="checkbox"/> 350 hours		<input type="checkbox"/> 400 hours		<input type="checkbox"/> _____
10	Complexity			11	Traffic Count		12	Weather		
	<input type="checkbox"/> Not Difficult <input type="checkbox"/> Occasionally Difficult <input type="checkbox"/> Mostly Difficult <input type="checkbox"/> Very Difficult				<input type="checkbox"/> 5> per hour <input type="checkbox"/> 6 - 15 per hour <input type="checkbox"/> 16-25 per hour <input type="checkbox"/> 26< per hour			<input type="checkbox"/> VMC <input type="checkbox"/> IMC <input type="checkbox"/> LVO <input type="checkbox"/> Other _____		

Part 2

Task		Subtask		Observed	Not Observed	Comment	Satisfactory	Needs Improvement	Unsatisfactory
1	Handover	1.1	Opening/Closing of watch.						
		1.2	Hand-over procedures complete.						
2	Separation	2.1	Separation is maintained.						
		2.2	Reduced separation applied correctly.						
		2.3	Conflicting traffic is recognized and resolved.						
		2.4	Essential Traffic Information is passed.						
3	Coordination	3.1	Coordination is complete and correct.						
4	Control Technique	4.1	Correct control technique is applied.						
		4.2	Priorities of duties is understood and applied.						
		4.3	Positive control is provided.						
		4.4	Effective traffic flow is maintained.						
5	Procedures	5.1	Aircraft identity is maintained.						
		5.2	FPS annotation and rotation is complete and correct.						
		5.3	Clearances are complete and correct.						
		5.4	LoA's, SSI and OPS Directives are complied with.						
		5.5	Maintains situational awareness.						
		5.6	Effective working speed is maintained.						
		5.7	Aeronautical Information Management.						



Part 3

1	Recommendation by Assessor	<input type="checkbox"/> Competent to perform operational duty		<input type="checkbox"/> Continuation of OJT	
		<input type="checkbox"/> Validation	<input type="checkbox"/> Remedial training required	<input type="checkbox"/> Discontinue OJT	
		<i>Remarks:</i> _____ _____ _____			
		Assessor Name		ATS License no	ATS
		Assessor Signature			DD/MM/YYYY Date
2	Student Comments	<i>Remarks:</i> This report has been discussed with me. _____ _____ _____			
		Student Name		ATS License no	ATS
		Student Signature			DD/MM/YYYY Date
3	Unit Management Comments	<i>Remarks:</i> _____ _____ _____			
		Manager Name		Title	
		Manager's Signature			DD/MM/YYYY Date