



Recognition of Prior Learning (RPL)

Competency Conversations

Part 5 (PPL)

Student Name:

Student No.:

AVI50222 Diploma of Aviation

(Commercial Pilot Licence – Aeroplane)

Mapping must be conducted after each competency conversation throughout the Recognition of Prior Learning (RPL) process.

Unit of Competency: AVIE0006 Maintain Aircraft Radio Communications

[illegible]

Unit of Competency: AVIW0029 Manage Pre-and Post-Flight Actions

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

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[illegible]

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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

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Student Name: _____

Student Number: _____

Date Conducted: _____

Trainer / Assessor / Flight Instructor: _____

Nature of Discussion (tick one):

- ☐ Weekly Side by Side
- ☐ One on One assessment review
- ☐ Performance Evaluation / Progression indicator
- ☒ Competency conversation overview

Qualification

- AVI50222 – Diploma of Aviation (Commercial Pilot Licence Aeroplane)

Units of Competency

- AVIE0006 Maintain aircraft radio communications
- AVIF0033 Manage aircraft passengers and cargo
- AVIW0029 Manage pre- and post-flight actions
- AVIY0054 Control Aeroplane on the ground
- AVIY0055 Take off Aeroplane
- AVIY0056 Control Aeroplane in normal flight
- AVIY0057 Land Aeroplane
- AVIY0058 Manage aircraft fuel

One on One Student / Assessor Competency Discussion

Written Summary (include dates, times, who, what, when, why, etc.)

Evidence Gaps of Evidence or Knowledge (if any gaps identified)

(Trainer / Assessor to complete)

Rectification Training: (if any gaps identified)

(Trainer / Assessor to complete)



Additional Notes: (if applicable)

Date: _____

Assessor / Trainer Name: _____
(Full Legal Name)

Assessor Signature: _____