



THE REDCLIFFE AERO CLUB

**STUDENT
RECOGNITION OF PRIOR
LEARNING (RPL)**

**Trainer & Assessor and/or
Flight Instructor
Competency Conversations**

Student Name: _____
Student Number: _____

Trainer / Assessors / Flight Instructors , please complete your Competency conversation notes below after each competency conversation.

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

Unit of Competency: AVIE4006 Maintain Aircraft Radio Communications

A large rectangular box containing 30 horizontal lines for writing notes.

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

Ruled area for writing or drawing, consisting of multiple horizontal lines within a rectangular border.

Unit of Competency: AVIY0054 Control Aeroplane on the Ground

Lined writing area for student responses.

Unit of Competency: AVIY0055 Take-Off Aeroplane

A large rectangular area containing numerous horizontal lines, intended for writing or drawing.

Unit of Competency: AVIY0056 Control Aeroplane in Normal Flight

Lined writing area for student responses.

Unit of Competency: AVIY0057 Land Aeroplane

Lined writing area for notes or answers.

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

- AVI50219 – 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)

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Date: _____

Assessor / Trainer Name: _____

(Full Legal Name)

Assessor Signature: _____