

**DETAILS OF APPLICANT** 

British Skydiving
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## CATEGORY SYSTEM BASIC INSTRUCTOR (CSBI) PROFICIENCY CARD

Title (Mı	r. Ms etc) & SURNAME					
FOREN	AMES					
ADDRES	ss					
POST C	ODEE-	MAIL ADDRESS	<u> </u>			
BRITISH	SKYDIVING MEMBERSHIP NUMBER_		LICEN	ICE NUMBEI	R	
CSBI P	PROFICIENCY REQUIREMENTS					
Prior to	attending a CSBI Course the candidate	must have com	oleted and reco	orded (on thi	s form) the following:	
a. b. c. d. e. f. g. h. i.	Must have a good understanding of the Parachute Training Organisation (PTO) lesson plans content and their format.  Delivered a minimum of three lessons from the Basic System Training syllabus.  Delivered a minimum of three Category System Progression briefs.  Delivered a minimum of three Additional Canopy Training (CT) Progression briefs.  Observed three sessions of Student talk down.  Must demonstrate competency as a DZ controller (See N.B.(2) below).  Carried out one static line descent in the previous three months.  Adequate knowledge of the British Skydiving Operations Manual.  Must have observed a full static line course ground school.					
N.B(1):	Any lessons or progression briefs mus	st <u>NOT</u> be delive	ed to real stud	lents.		
<b>N.B(2):</b> PRE-C(	DZ controllers or any person talking t ROCC (details may be found in Form 12 System Instructor. DURSE EVALUATION ASSESSMENTS tor).	5). The task of E	Z control mus	t be done und	der supervision of at least a Categ	
Lesson	1:	Date:		Evaluato	or:	
Lesson	2:	Date:		Evaluato	or:	
Lesson	3:	Date:		Evaluato	Dr:	
Brief 1:		Date:		Evaluato	or:	
Brief 2:		Date:		Evaluato	or:	
Brief 3:		Date:		Evaluato	or:	
ADDITI	ONAL CANOPY TRAINING as per Ope	rations Manual	Section 2, Par	a 4, Sub Pai	ra 4.9	
Studen	t CT Brief 1:		Date:		Evaluator:	
Studen	t CT Brief 2:		Date:		Evaluator:	
Studen	t CT Brief 3:		Date:		Evaluator:	

OBSERVATION OF S	<u>TUDENT TALK DOWN RECORD:</u>	1
Student talk down m	ust have been observed on a mi	nimum of three occasions.
Date:	Number of Students:	Instructor:
Date:	Number of Students:	Instructor:
Date:	Number of Students:	Instructor:
DZ CONTROL RECOR	RD:	
I declare that I am pro	oficient and familiar with the rec	quirements to carry out DZ control.
Candidate Signature:	Date:_	CI Initials:
CARRIED OUT A STA	ATIC LINE DESCENT IN THE PRI	EVIOUS THREE MONTHS
Date:	Jump number:	CI Initials:
ADEAQUATE KNOWE	DLEDGE OF THE BRITISH SKYD	DIVING OPERATIONS MANUAL
Date:	CI Initials:	
OBSERVED A FULL S	STATIC LINE GROUND SCHOOL	<u>.</u>
Date:	CI Initials:	
CANDIDATE DECLAI	<u>RATION</u>	
I have completed all t	the requirements of this proficie	ency card.
I understand the con	tent of my PTO lesson plans and	d will teach according to their format.
I meet all the requirer System Basic Instruc		kydiving Operations Manual for attending a British Skydiving Category
	ure to produce this completed for automatic dismissal from the c	form at the start of a British Skydiving Category System Basic Instructor course.
Name:		Signature:
Date:	British Skydiving I	Membership No.:
CI DECLARATION:		
I am satisfied that the Category System Bas		the ability to carry out all proficiency requirements for attending a
CI Name:		Signature:

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