

British Skydiving
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## ACCELERATED FREE FALL BASIC INSTRUCTOR (AFFBI) PROFICIENCY CARD

DETAILS OF APPLICANT			
Title (Mr. Ms etc) & SURNAME			
FORENAMES			
ADDRESS			
POST CODE	E-MAIL ADDRESS_		
BRITISH SKYDIVING MEMBERSHIP NU	JMBER		_LICENCE NUMBER
AFFBI PROFICIENCY REQUIREM	<u>IENTS</u>		
Prior to attending an AFFBI Course th	ne candidate must have c	ompleted and	recorded (on this form) the following:
<ul> <li>a. Must have a good understand their format.</li> <li>b. Delivered a minimum of three.</li> <li>c. Delivered a minimum of three.</li> <li>d. Delivered a minimum of three.</li> <li>e. Observed three sessions of St. Must demonstrate competer G. Adequate knowledge of the Must have observed a full Action.</li> </ul>	te lessons from the Accelone AFF Progression briefs. The Additional Canopy Train Student talk down.  The Additional Canopy Train Student talk down.  The Additional Canopy Train Student talk down.  The Additional Canopy Train Student talk down.	erated Free Fa ning (CT) Progr ee N.B.(2) below ons Manual.	ression briefs.
N.B(1): Any lessons or progression by	riefs must <u>NOT</u> be delivere	d to real studer	nts.
appropriate ROCC (details ma Category System Instructor o	ry be found in Form 125). E or an AFF Instructor.	ither task must	29.905 must be in possession of an be done under supervision of at least of the done under supervision of at least of the done under supervision of at least of the done under supervision of an area of the done under
Lesson 1:	Date:		Evaluator:
Lesson 2:			
Lesson 3:	Date:		_ Evaluator:
Brief 1:	Date:		_ Evaluator:
Brief 2:	Date:		_ Evaluator:
Brief 3:	Date:		Evaluator:
ADDITIONAL CANOPY TRAINING as	per Operations Manual S	ection 2, Para	5, Sub Para 5.9
Student CT Brief 1:	С	)ate:	Evaluator:
Student CT Brief 2:	D	ate:	Evaluator:
Student CT Brief 3:	D	ate:	Evaluator:

OBSERVATION OF STU	DENT TALK DOWN RECORD:		
Student talk down must	have been observed on a min	mum of three occasions.	
Date:	Number of Students:	Instructor:	
Date:	Number of Students:	Instructor:	
Date:	Number of Students:	Instructor:	
DZ CONTROL RECORD:			
I declare that I am profic	cient and are familiar with the i	equirements to carry out DZ control.	
Candidate Signature:	Date:	CI Initials:	
ADEQUATE KNOWDLED	OGE OF THE BRITISH SKYDIVI	NG OPERATIONS MANUAL	
Date:	CI Initials:		
OBSERVED A FULL ACC	CELERATED FREE FALL GROU	ND SCHOOL:	
Date:	Cl Initials:		
CANDIDATE DECLARA	TION		
I have completed all the	requirements of this proficien	cy card.	
I understand the conten	t of my PTO lesson plans and	vill teach according to their format.	
I meet all the requireme Accelerated Free Fall Ba		diving Operations Manual for attendin	g a British Skydiving
	e to produce this completed fo will lead to an automatic dism	m at the start of a British Skydiving A ssal from the course.	ccelerated Free Fall
Name:	S	gnature:	
Date:	British Skydiving M	embership No:	
CI DECLARATION:			
	andidate has demonstrated th Free fall Basic Instructor Coul	e ability to carry out all proficiency rec se.	uirements for
CI Name:		Signature:	

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Date:\_\_\_\_\_\_ British Skydiving Membership No.:\_\_\_\_\_Licence No.: \_\_\_\_\_