DTO Annual Activity Review and Report

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| --- | --- |
| **Company Name** | **Reference** **GBR.DTO.** |

**Report Period covered**

**From / /**  **To / /**

**TRAINING RESOURCES**

**Please confirm which Approved Training Programmes are in use and indicate whether these are assessed as being entirely suitable for your needs or do you feel revisions are needed.**

**Student Record Checks**

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| --- | --- | --- |
| **Student** | **Training Records checked?** | **Course Completion Certificate issued and checked?** |
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| **Have any new training programmes, training methods or equipment been introduced over the last 12 months ? If so, how effective have they been?** |

**AIRCRAFT FLEET**

|  |  |  |  |  |  |
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| **Type** | **Reg** | **Hours flown in previous 12 months** | **Current?** | **Documents and Maintenance Records Checked?** | **Part CAO Maintenance / Oversight contract held with?** |
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**SAFETY PERFORMANCE**

**Number of occurrences, incidents or accidents in the last 12 months**

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| --- | --- | --- |
| **Instructor as PIC** | **Solo Student** | **Self Fly hire / club member** |
|  |  |  |

**Analysis of these events**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description of event** | **Was an MOR /Internal report produced?** | **Cause** | **Was this a known risk? Y/N** | **Mitigation put in place** | **Has the event reoccurred subsequently?** |
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Please continue on an additional sheet if necessary

**TRAINING ACTIVITY**

**Number of Students currently under training / completed training in previous 12 months**

|  |  |  |  |
| --- | --- | --- | --- |
| **LAPL(A)** | **/** | **LAPL(H)** | **/** |
| **PPL(A)** | **/** | **PPL(H)** | **/** |
| **Night** | **/** | **Aerobatics** | **/** |
| **Type Ratings (H)** | **/** | **Class Ratings (A)** | **/** |
| **TMG** | **/** |  |  |
| **Towing Rating**  | **/** |  |  |

**Skills Tests**

|  |  |
| --- | --- |
| **Number of Skill test in last 12 months** |  |
| **Number of Skill tests passes / failures in last 12 months** |  |

**Number of Theory exams passed / failed in last 12 months**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Air Law** | **HPL** | **Met** | **Nav** | **Comms** |
| **/** | **/** | **/** | **/** | **/** |
| **Ops Proc** | **Flt Plg / Perf** | **Aircraft Gen** | **PoF** | **RT Prac** |
| **/** | **/** | **/** | **/** | **/** |

**INSTRUCTIONAL STAFF**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **FT/PT**  | **Name** | **FT/PT** |
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**Please indicate with \* if the instructor has joined the company in the preceding 12 months**

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| **As the named Responsible Representative for the Declared Training Organisation I can confirm that sufficient resources (physical and financial) are available such the the Organisation remains complaint with all requirements of the Aircrew Regulation Part DTO and that it enables the organisation to operate in accordance with its published safety Policy****I hereby certify that all information contained within this report is accurate****Signed** |
| **Date** |