

Appendix 1 – Sample Format of Cabin Crew Certificate of Competency

xxxxx Airlines Cabin Crew Certificate of Competency	Training Qualifications (EU OPS, Subpart O)		
<p>Name: _____</p> <p>Personal Number: _____</p> <p>This Certificate shall be in the possession of the holder for all duties involving Flying, Training and Line Checks.</p> <p>Ensure that this Certificate is kept up to date and that it is signed by an authorised person on completion of relevant training course and line checks.</p> <p>Issue Date: _____</p> <p>Signed : _____ Head of Training</p> <p>Detailed Training Records are maintained within the XXX Flight Operations Training Department.</p> <p>This certificate remains the property of XX Airlines at all times and must be returned to the operator at the end of each term of employment.</p>	Description	Date of Completion	Instructor Signature
	Initial Safety Training (Ops 1.1005/1.1025)		
	Aircraft Type Conversion/Differences Training (Ops 1.1010/1.1025) (Specify 1 st type)		
	Aircraft Type Conversion/Differences Training (Ops 1.1010/1.1025) (Specify 2 nd type/differences)		
	Aircraft Type Conversion/Differences Training (Ops 1.1010/1.1025) (Specify 3 rd type/differences)		
	Training for Senior Cabin Crew member (Ops 1.1000)		
	Initial training and conversion/differences training to be revalidated in 12 months in addition to the remainder of the month of issue		
	<i>Complete fields as required</i>		
	<div style="display: flex; justify-content: space-between;"> <i>Doc control reference</i> Page 1 of 2 </div>		

Item Key: ART = Annual Recurrent Training (specify aircraft types); 3RT = Triennial Recurrent Training; LC = Line Check

Item	Date Completed	Valid Until	Name of Authorising Signatory	Signature
e.g. ART B737-400/A320	12/02/2010	28/02/2011	-----	XXXXXXXXX
LC	15/02/2010	28/02/2011	-----	XXXXXXXXX