

	<b>TANZANIA CIVIL AVIATION AUTHORITY</b> <b>SAFETY REGULATION</b> AERODROMES AND GROUND AIDS	<b>Revision: 0</b>
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### 1. TRAINEE BIODATA

<b>NAME OF TRAINEE:</b>
<b>DESIGNATION:</b>
<b>DATE OF BIRTH:</b>
<b>GENDER:</b>
<b>DUTIES AND RESPONSIBILITIES:</b>
<b>CORE OJT AREAS</b> <i>(tick appropriate OJT area):</i> <ul style="list-style-type: none"> <li>a) Indoctrination <input type="checkbox"/></li> <li>b) Certification <input type="checkbox"/></li> <li>c) Surveillance <input type="checkbox"/></li> <li>d) Investigations <input type="checkbox"/></li> <li>e) Management <input type="checkbox"/></li> </ul>

### 2. TRAINING DESCRIPTION

<b>LEVEL OF TRAINING:</b> Knowledge <input type="checkbox"/> Understanding <input type="checkbox"/> Independence <input type="checkbox"/>
<b>AREA OF OJT:</b>
<b>INSTRUCTIONS CONDUCTED ON THE FOLLOWING OJT JOB TASKS</b> <i>(refer training profile):</i>  State Civil Aviation Rules and Regulations _____ ICAO Convention and SARPS _____ Employee benefits _____ Security _____ Employee Training and Development _____ Office Communications _____ Computer Systems _____

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Managing Resources \_\_\_\_\_  
 Employee Ethics \_\_\_\_\_  
 Labor Unions \_\_\_\_\_  
 Conduct and Discipline \_\_\_\_\_  
 Travel \_\_\_\_\_  
 Time and Attendance \_\_\_\_\_

**DESCRIPTION OF KNOWLEDGE/SKILLS ATTAINED** *(To be entered by OJT Instructor the details and dates of accomplishment)*

S/N	Knowledge/Skill	Date conducted	Instructor
1			
2			
3			

**3. ASSESSMENT OF OJT LEVELS** *(refer OJT levels)*

**OJT OBJECTIVE LEVEL I (KNOWLEDGE)** *(to be commented by OJT Instructor)*

1. Development of OJT schedule based on Job Tasks
2. Development of Job Tasks
3. Validation of knowledge gained by the Trainee

**OJT OBJECTIVE LEVEL II (UNDERSTANDING)** *(to be commented by OJT Instructor)*

1. Demonstration schedules based on Job Tasks



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2. Demonstrate and Instructions

3. Validation of knowledge gained by the Trainee

**OJT OBJECTIVE LEVEL III (TRAINEE INDEPENDENCE)** *(to be commented by OJT Instructor)*

1. Observe the trainee based on Job Tasks

2. Assess capability to perform the Task

3. Validation of independence on Job Task

**4. COMMENTS ON THE PERFORMANCE OBJECTIVES** *(To be completed by OJT Instructor based on the Job tasks)*

**KNOWLEDGE OBJECTIVE**

**UNDERSTANDING OBJECTIVE** *(based on demonstration by the Instructor)*

**INDEPENDENCE OBJECTIVE**

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**5. RESULTS OF OJT** *(To be completed by OJT Instructor)*

S/N		S	NS	Instructor name	Signature
1	Knowledge Objective				
2	Understanding Objective				
3	Independence Objective				

*Note: S = Satisfactory, NS = Not Satisfactory (tick where appropriate)*

**6. OJT INSTRUCTOR AUTHENTICATION** *(To be completed by OJT Instructor)*

<b>NAME OF OJT INSTRUCTOR:</b>
<b>DESIGNATION:</b>
<b>DATE OF AUTHENTICATION:</b>
<b>SIGNATURE:</b>