CRMI Assessment

CRMI Candidate Information					
Rank + Name		**CAA Number**		**Company**	

Expiry date of current rating if applicable:

To be completed by the CRMI Candidate under Assessment

Session Description (Provide a brief overview of the training you will be delivering – type and purpose of training / number and description of trainees)

Training Objectives (Provide a list of the key training objectives or desired outcomes from the training that you will be delivering)

To be completed by the Examiner

General Comments (refer to areas identified in the checklist on the reverse side of this form)

Result: PASS/FAIL

Examiner's Name and Signature			**Date**	

Were the training objectives achieved? YES/NO (Provide reasons / give examples below)	
Did the Candidate demonstrate the **knowledge** required for the role?	
Did the Candidate encourage trainees to **participate, share their experience,** and **self-analyse?**	
Did the Candidate **identify** and respond to **the trainees' needs** relative to expertise/experience?	
Did the Candidate **integrate** practical CRM within technical training and line operations?	
Did the Candidate incorporate **NOTECHS or Company CRM Standards** when appropriate?	
Did the Candidate identify **CRM reasons** involved in accidents / incidents?	
Did the Candidate regularly **check for understanding and resolve ambiguity**?	
Did the Candidate demonstrate effective **instruction and facilitation skills**?	
Was the Candidate **supportive of CRM concepts** and **role model** best CRM practice?	