

## Record of solo flight days

	Date	Instructor		Date	Instructor
1			11		
2			12		
3			13		
4			14		
5			15		
6			16		
7			17		
8			18		
9			19		
10			20		



STRATFORD-ON-AVON GLIDING CLUB LTD

### Post-Solo Training Record Card

Name: \_\_\_\_\_

Mem No.: \_\_\_\_\_

Medical Type:  DVLA – Level 1       DVLA – Level 2

LAPL

Valid To: ..... / ..... / .....

### Off Daily Flying Checks Requirements

A full rated instructor will carry out the following:

Oral Test:      Date Completed: ..... / ..... / .....

Flying Test:      Date Completed: ..... / ..... / .....

I certify that in my opinion this student has reached a suitable standard of proficiency in post-solo training and has been signed Off Daily Checks.

Signature: ..... Instructor number .....

Date: ..... / ..... / .....

Exercise	Demo	Complete
Turning on to required heading		
Changing effects of the rudder		
Further uses of airbrakes		
Elevator effect near stall		
One G stall symptoms		
Thermal centring techniques		
Flying straight and level		
Flying Selected speeds		
Steeper and tighter turns		
Slipping and skidding		
Turn reversals		
Full stalls		
Reduced / negative 'G'		
Instrument scanning		
Unusual attitudes		
Spot landing		
Recovery from full spins		
Auto rotation / spiral dive		
Changing altimeter setting in flight		
Local airspace landmarks		

Exercise	Demo	Complete
Steep full brake approach		
Slow speed flying		
Flying cable across field		
Stalling at higher speeds		
Use of wheel brake		
Cross wind landings		
Downwind attitude / speed transition		
Winch power failure		
Simulated launch failure & turn		
Winch launch failures	High	
	Medium	
	Low	
Unusual circuit recoveries		
Landing further on		
Under banked, over ruddered turn		
Spinning off a thermal turn		
Flight without instruments		
Pre-landing check 'WULFAR'		
Pre-flight CB-SIFT-CB-E		
Top of launch checks		