



Section:
Telephone number:
Physical address:
POSTAL ADDRESS:

Personnel Licencing
0860 267 435
Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng
PRIVATE BAG X73, HALFWAY HOUSE 1685

Fax number 011-545-1456

Website: www.caa.co.za

Form Number: CA 64-24

Email: ClientCare@caa.co.za

ENGLISH LANGUAGE COMPETENCY ASSESSMENT FORM

NOTE:

1. This form needs to be completed in full by the English Language Competency Assessor. N/A parts must be indicated as such.
2. A copy must be kept on file as proof of assessment conducted. A copy must also be sent to the Authority.
3. This assessment is in accordance to SACAA CATS 64.01.8

SECTION 1: PERSONAL DETAILS

Name and Surname		Age	
ID/Passport nr.		Nationality	
Residential Address		Languages Spoken	

SECTION 2: ENGLISH LANGUAGE COMPETENCY

Rate Your English Language Competency (tick the appropriate box)

	Unable	Below Average	Average	Above Average	Native Speaker
Reading					
Writing					
Speaking					
Understanding					

SECTION 3: ASSESSOR DETAILS

Assessor Name and Surname						
Assessor Cell Number						
Assessor Email						
Assessor Aviation Background	Cabin Crew		Flight Deck		Engineer	ATS
	Flight OPS		Admin		Ground OPS	Other
	If OTHER, specify					
Assessor Aviation Experience	1-3 Years		4-8 Years		8-12 Years	13 Years+

SECTION 4: ENGLISH LANGUAGE COMPETENCY ASSESSMENT

	Unable	Below Average	Average	Above Average	Fluent
Speaking					
Reading					
Listening					

SECTION 5: OUTCOME			
Recommended		Not Recommended	
Moderation			
Time spent on assessment			
Recommendations			
Date of Assessment			

SIGNATURES		
SIGNATURE OF STUDENT APPLICANT	NAME IN BLOCK LETTERS	DATE
SIGNATURE OF ELC ASSESSOR	NAME IN BLOCK LETTERS	DATE