



ICAO

International Civil Aviation Organization
North American, Central American and Caribbean Office
WORKING PAPER

NAM/CAR/CATC/WG/3 — WP/08
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**Third NAM/CAR Civil Aviation Training Centres Working Group Meeting
(NAM/CAR/CATC/WG/3)**

ICAO NACC Regional Office, Mexico City, Mexico, 19 to 20 October 2016

Agenda Item 5 Courses Offered by the Civil Aviation Training Centres (CATC) in the NAM/CAR Regions
5.1 Identification and Analysis of NAM/CAR Region Training Needs

ANALYSIS OF COURSES OFFERED IN EACH NAM/CAR REGION CIVIL AVIATION TRAINING CENTRE

(Presented by United States)

EXECUTIVE SUMMARY	
This Paper presents the work of the Ad hoc group to update the Civil Aviation Training Survey for Civil Aviation Training Centres Organizations and seeks approval of the questionnaire as presented in the Appendix .	
Action:	Recommended actions are referenced in Paragraph 2.
<i>Strategic Objectives:</i>	<ul style="list-style-type: none">• Safety• Air Navigation Capacity and Efficiency• Security & Facilitation• Economic Development of Air Transport• Environmental Protection
<i>References:</i>	<ul style="list-style-type: none">• Second NAM/CAR Civil Aviation Training Centres Working Group Meeting (NAM/CAR/CATC/WG/2) final report

1. Introduction

1.1 During the second NAM/CAR Civil Aviation Training Centres Working Group Meeting in 2014, the Meeting formed an Ad hoc Group to examine, review and propose changes to the Civil Aviation Training Survey for Civil Aviation Training Centres Organizations and the Civil Aviation Training Survey for Customer Organizations. It was determined to restructure both surveys and to submit for consideration at the next CATC/WG meeting.

1.2 For the consideration of CATC/WG/2, the updated survey for Civil Aviation Training Centres Organizations is provided in the Appendix of this paper.

2. Recommended action

2.1 The Meeting is invited to consider and approve the proposed changes to the updated questionnaire for Civil Aviation Training Centres Organizations.

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APPENDIX



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CAR REGION CIVIL AVIATION TRAINING SURVEY
 Civil Aviation Training Centres Organizations
Instructions for completion

Please answer the information requested in the questionnaire. It is suggested that you answer in accordance with the infrastructure, methodology, available staff and training offered by your training centre.

Part 1 – Training Centre General Information
INTRODUCTION

- 1.1 Name of organization or training centre:** _____
- 1.2 Head of the Training Centre:**
- Title (e.g. Dr, Ms, Mr, Mrs etc.) _____
- Full Name _____
- Job title _____
- Address 1 _____
- Address 2 _____
- City/Town _____
- Postal code _____
- Country _____
- Phone number _____
- Fax number _____
- E-mail address _____
- 1.3 Please enter Point Of Contact (PoC) details below:**
- Title (e.g. Dr, Ms, Mr, Mrs etc.) _____
- Full name _____
- Job title _____
- Address 1 _____
- Address 2 _____
- City/Town _____
- Postal code _____
- Country _____
- Phone number _____
- Fax number _____
- E-mail address _____

1.4 What is the role of your organization? *(Please select as many as apply)*

- ☐ Regulator
☐ Aviation Training Centre/Organization
☐ Air Navigation Service Provider (ANSP)
☐ Airline
☐ Airport Operator
☐ Maintenance Organization
☐ Other (please specify): _____

1.5 What is the POC function within the organization? *(Please select one answer)*

- ☐ General Management
☐ Human Resources /Training
☐ Operations
☐ Planning
☐ Technical
☐ Maintenance
☐ Other (please specify): _____

STATUS (SELECT AS MANY AS APPLY)**1.6 Is your institution:**

- ☐ National
☐ Regional
☐ Public/Private partnership
☐ Government Owned or Controlled
☐ Department of a State Ministry
☐ Incorporated within another institution (e.g. university, college, management school)
☐ Other (please specify): _____

Part 2 – Training**Languages****2.1 What is/are the official language(s) of instruction?** *(Please select as many as apply)*

- ☐ English
☐ Spanish
☐ French
☐ Other (please specify): _____

2.2 What other language(s) can be offered by your training centre? *(Please select as many as apply)*

- ☐ English
☐ Spanish
☐ French
☐ Other (please specify): _____

BUSINESS PLANNING**2.3 Does your organization have a business plan? (Please select one answer)**☐ Yes☐ No**2.5 Do you have an annual human resources plan that identifies your staffing requirements? (Please select one answer)**☐ Yes☐ No**2.6 Do you have an annual training plan? (Please select one answer)**☐ Yes☐ No**ACCREDITATION****2.7 Is your organisation accredited by: (Please select as many as apply)**☐ Any international organizations?

Please list organizations (e.g. ICAO, IATA, ACI) _____

☐ TRAINAIR or TRAINAIR Plus _____☐ Any regional organizations?

Please list organizations _____

☐ Your National Civil Aviation Authority?☐ Civil Aviation Authority from other State(s)?

Please list Civil Aviation Authorities _____

☐ Other (please specify): _____**QUALITY CONTROL****2.8 Do you employ quality control procedures?**☐ Yes☐ No

If your answer is NO, please proceed directly to Q 2.10

2.9 Do you hold any quality management system certification (e.g. ISO 9001 certification)?☐ Yes☐ No

If yes, please identify _____

2.10 If your answer to Q2.8 is YES, please provide the following details:

Certification scope: _____

Certificate validity period: _____

ORGANIZATION/TRAINING CENTRE STAFF

- 2.11** Overall number of employees: _____
 Permanent instructors or trainers: _____
 Associated/contracted instructors or trainers: _____

2.12 **When outsourcing instructors, where do you get them from?** *(Please select as many as apply)*

☐ DCA
☐ ICAO
☐ IATA
☐ ACI
☐ International training institutions
☐ Individual consultants
☐ Professional consultant companies
☐ Other civil aviation organizations
☐ Other (please specify): _____

2.13 **Please select below the geographical area(s) from which you have recruited instructional/training staff in the last 12 months and the approximate number of recruited staff.** *(Please select as many as apply)*

	Approximate no. of recruited staff:
<input type="checkbox"/> Central/South America	_____
<input type="checkbox"/> North America	_____
<input type="checkbox"/> Caribbean	_____
<input type="checkbox"/> Europe	_____
<input type="checkbox"/> Other (please specify):	_____

2.14 **Are all your instructors/trainers professionally qualified (eg: licensed pilots, ATCOs, engineers, management degrees)?**

☐ Yes ☐ Mostly yes ☐ Mostly no ☐ No

2.15 **Are your instructors /trainers required to have successfully completed a recognized instructional techniques course?**

☐ Yes ☐ No

Explain _____

2.16 **If yes, does this course result in the award of an instructional qualification?**

☐ Yes ☐ No

Explain _____

2.17 **Are your instructors subject to regular proficiency checks?**

☐ Yes ☐ No

2.18 If yes, how frequently?

- ☐ Annually ☐ Every two years
☐ Other (please specify): _____

2.19 Do you differentiate in the qualifications required of theory and skills trainers?*(Please select only one answer)*

- ☐ Yes ☐ No ☐ Do not know

2.20 Are all theory (classroom) instructors qualified in their specialist subject areas?*(Please select only one answer)*

- ☐ Yes ☐ Mostly yes ☐ Mostly no ☐ No

TRAINING PROGRAMMES**2.21 See footnotes below to fill-out each column****Footnotes to fill Section 2.21:**

- A. Select if offered
 B. Level – Basic (B), Diploma (Di), Degree (Dg), Recurring (R), Other (O)
 C. Maximum number of students per offering
 D. Duration of course
 E. Educational standard – High School (H), Diploma (D), Degree (Dg), Other (O)
 F. Select if aptitude test is required
 G. Exam – Yes (Y), No (N)
 H. Qualification: Pilot License (P), ATCO (A), Engineer License (E), Academic Qualification (Q), Other (O)
 I. Accredited – Yes (Y), No (N)
 J. By who? – ICAO (I), TRAINAIR (T), Other (O)
 K. Remit of Quality – International (I), National (N), Regional (R)

AIR NAVIGATION SERVICES

	A	B	C	D	E	F	G	H	I	J	K
Air traffic controller course (basic licence)	<input type="checkbox"/>					<input type="checkbox"/>					
Air traffic controller instructor	<input type="checkbox"/>					<input type="checkbox"/>					
ATC specific training (ENR, APP, radar, SAR etc.)	<input type="checkbox"/>					<input type="checkbox"/>					
Radio operator (aeronautical communications ops)	<input type="checkbox"/>					<input type="checkbox"/>					
Airspace planning	<input type="checkbox"/>					<input type="checkbox"/>					
Aeronautical Information – ALL	<input type="checkbox"/>					<input type="checkbox"/>					
Aeronautical Meteorology – ALL	<input type="checkbox"/>					<input type="checkbox"/>					
Air Traffic services Safety management	<input type="checkbox"/>					<input type="checkbox"/>					

	A	B	C	D	E	F	G	H	I	J	K
Air Traffic services											
Accident/incident investigation and prevention	<input type="checkbox"/>					<input type="checkbox"/>					
Flight calibration – ALL	<input type="checkbox"/>					<input type="checkbox"/>					
Engineering and maintenance – navigational aids	<input type="checkbox"/>					<input type="checkbox"/>					
MPL examiner	<input type="checkbox"/>					<input type="checkbox"/>					
Air traffic controller examiner	<input type="checkbox"/>					<input type="checkbox"/>					
Cabin Crew examiner	<input type="checkbox"/>					<input type="checkbox"/>					
Medical Examiner	<input type="checkbox"/>					<input type="checkbox"/>					
Airspace planning/management	<input type="checkbox"/>					<input type="checkbox"/>					
Aeronautical Information – ALL	<input type="checkbox"/>					<input type="checkbox"/>					
Aeronautical Meteorology – ALL	<input type="checkbox"/>					<input type="checkbox"/>					
Safety management	<input type="checkbox"/>					<input type="checkbox"/>					
Accident investigation and prevention - ALL	<input type="checkbox"/>					<input type="checkbox"/>					
Civil aviation administration and legislation	<input type="checkbox"/>					<input type="checkbox"/>					
Air transport statistics and economics	<input type="checkbox"/>					<input type="checkbox"/>					
Communications, Navigation and Surveillance	<input type="checkbox"/>					<input type="checkbox"/>					
Government Safety Inspectors – Personnel Licensing	<input type="checkbox"/>					<input type="checkbox"/>					
Government Safety Inspectors – Airworthiness	<input type="checkbox"/>					<input type="checkbox"/>					
Government Safety Inspectors – Operations	<input type="checkbox"/>					<input type="checkbox"/>					
Government Safety Inspectors – Aerodromes	<input type="checkbox"/>					<input type="checkbox"/>					
Government Safety Inspectors – Air Traffic Services	<input type="checkbox"/>					<input type="checkbox"/>					
Government Safety Inspectors – Training Organizations	<input type="checkbox"/>					<input type="checkbox"/>					

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	A	B	C	D	E	F	G	H	I	J	K
Other (please specify below)											
	<input type="checkbox"/>					<input type="checkbox"/>					
	<input type="checkbox"/>					<input type="checkbox"/>					
	<input type="checkbox"/>					<input type="checkbox"/>					
	<input type="checkbox"/>					<input type="checkbox"/>					
	<input type="checkbox"/>					<input type="checkbox"/>					

2.22 Is your course syllabi based on a training needs analysis (TNA)? *(Please select only one answer)*

☐ Yes ☐ No

2.23 If yes, who conducts the analysis? *(Please select as many as apply)*

- ☐ Local CAA
☐ Other national CAA (Please specify below)
☐ ICAO
☐ Regional/international professional organisation (please specify below)
☐ Other (please specify): _____

2.24 Is there a syllabus for every course?

☐ Yes ☐ No

If no, please indicate those courses that do not have a syllabus:

2.25 Are course syllabi mainly? *(Please select as many as apply)*

- ☐ Performance objective based?
☐ Competency based?
☐ Outcomes based?
☐ None of the above

2.26 Are your practical skills assessment procedures based on: *(Please select as many as apply)*

- ☐ Continuous assessment?
☐ Formal pass/fail examinations at various stages of training?
☐ Other (please specify): _____

2.27 What examination format do you use? (Please select as many as apply)

- ☐ Written
- ☐ Multiple choice
- ☐ Other (please specify): _____

2.28 Who is responsible for setting examination questions? (Please select as many as apply)

- ☐ Specialist examiner
- ☐ Course manager
- ☐ Subject specialist
- ☐ Nominated instructor
- ☐ Other (please specify): _____

2.29 Do you maintain a question bank?

- ☐ Yes ☐ No

2.30 If yes, how often is it reviewed?

Review frequency: _____

2.31 Who is responsible for reviewing examination questions? (Please select as many as apply)

- ☐ Specialist examiner
- ☐ Course manager
- ☐ Subject specialist
- ☐ Nominated instructor
- ☐ Other (please specify): _____

2.32 How do you ensure the security of examination questions/papers? (Please select as many as apply)

- ☐ Hard copy
- ☐ Kept on single computer disc held by examiner
- ☐ Held on password protected central computer
- ☐ Held by senior manager
- ☐ Other (please specify): _____

TRAINING AIDS**2.33 Please indicate which of the following training aids you employ: (Please select as many as apply)**

- ☐ Computer-based training (CBT) (e.g. PC skills trainers, e-learning, classroom aids)
- ☐ Distance learning (off-campus)
- ☐ Simulators (e.g. basic and full replication, advanced simulators, ATC operations and suites)
- ☐ Visual simulators (ATC)

TRAINING FACILITIES**2.34 Training facilities:**

Number of classrooms _____

Number of auditoriums/lecture theatre (hold >50 people) _____

2.35 Are the classrooms/auditoriums equipped with:

Video projectors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Air-conditioning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interpretation equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2.36 Are your training facilities equipped with internet?

☐ Yes ☐ No

If yes, please specify

☐ LAN ☐ Wireless ☐ All ☐ None

2.37 Are your training facilities equipped with a back-up for uninterrupted utility supply:

Laboratories	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aircraft shops	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Engine shops	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other (please specify): _____		

LOGISTICS**2.38 Accessibility**

- What is the distance (in km) between the nearest airport and your training facility? _____

2.39 Does the institution facilitate Visa acquisition (information, contact with countries embassies abroad, delivery on arrival if no embassy at departure point)?

☐ Yes ☐ No

Other comments: _____

2.40 Is student accommodation provided on-site?

☐ Yes ☐ No

2.41 If yes, please indicate number of rooms: _____**2.42 Is student accommodation provided off-site?**

☐ Yes ☐ No

2.43 If yes, what is the most commonly used type of accommodation?

☐ Dormitories
☐ Self-contained
☐ Hotel
☐ Other (please specify): _____

2.44 How would you rate the accommodation overall? (1 – Very poor to 6 – Excellent)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

2.45 Do you provide transport between local accommodation and your training facility?

☐ Yes

☐ No

Other comments:

2.46 Please enter any additional comments or information regarding this questionnaire below:

Thank you for your time and participation.

— END —