

NATIONAL AVIATION SECURITY INSTRUCTORS' CERTIFICATION AND RE-CERTIFICATION PROCESS - 2021

Pursuant to regulation 21(5) of the Civil Aviation (Security) Regulations, 2018 and Chapter 7.6 -7.10 of the National Civil Aviation Security Training Programme, 2020 the Authority has planned to conduct certification and recertification of National Aviation Security Instructors at TCAA Headquarters from **25th to 29th October, 2021**.

The process is aimed at building internal capacity within organizations and certifies instructors who will help to deliver approved aviation security courses at the Civil Aviation Training Centre. The eligible candidates are those who have successfully completed Aviation Security Instructors Course at any recognized Aviation Security Training Centre (ASTCs).

Organizations are hereby invited to nominate candidates who have attended and successfully completed the above-mentioned course. Nominees should submit to the Authority fully filled application forms, which can be downloaded **here**, with the documents listed hereunder;

- i) Academic Certificates
- ii) Medical Form (done within a month prior to certification) and
- iii) Fully filled Personal Data Form.

The deadline for submission of applications is **10th October, 2021**.

Kindly note that, certification/recertification fee is charged at the rate of USD 300 or its equivalent per person payable to the Authority prior to the certification process.

Please contact TCAA HQ to be availed with Control Number for fees payment prior to depositing the same through Account Numbers NBC 011105002975, CRDB 0150590700900 or NMB 20101000006 in the name of Director General-Tanzania Civil Aviation Authority

You may contact **Inspector Maunda M. Mahunda** through mobile number **+255 787 709 097** for further information.

NATIONAL AVIATION SECURITY INSTRUCTORS PERSONAL DATA FORM

| | | | | | |
|---|--|----------------------------|----------------------|----------|----------------------------|
| 1 | Personal Information | | | | Affix Recent Photo Here |
| Given Names | | | | | |
| Surname | | | | | |
| Gender | | | | | |
| Date of Birth | | | | | |
| Nationality | | | | | |
| Postal Address | | | | | |
| City / Town of Residence | | | | | |
| Telephone Contact No. 1 | | | | | |
| Telephone Contact No. 2 | | | | | |
| Fax Number (if available) | | | | | |
| E-mail Address 1 | | | | | |
| E-mail Address 2 | | | | | |
| 2 | Employer Details <i>(Must be within the civil aviation industry)</i> | | | | |
| Name of Employer/ Organization | | | | | |
| Mailing Address | | | | | |
| Details of Superior / Supervisor | Names: | | Title/Position: | | |
| | Telephone (Office): | | Cellphone: | | |
| | Email Address: | | | | |
| 3 | | | | | |
| Please list AVSEC Courses or any technical or specialized training that you have attended, starting with the most recent | | | | | |
| No | Date(s) | Course / Training Attended | Training Institution | Location | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

| | | | | |
|---|--|--|--|--|
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| | | | | |

| | |
|----------|--|
| 4 | AVSEC Courses Conducted (if applicable) |
|----------|--|

| | | | |
|--|--|--|--|
| List any ICAO, Regional, National or other Training Missions (Courses, Workshops, Seminars) related to AVSEC that you have conducted | | | |
|--|--|--|--|

| No. | Date(s) | Course / Seminar Conducted | Location |
|-----|---------|----------------------------|----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| | | | |

| | |
|----------|---|
| 5 | (a) Instructional / Training Courses Successfully Completed <i>(Must have been offered by an institution accredited by ICAO, IATA, Commission of Higher Education/ NACTE or its equivalent in other States)</i> |
|----------|---|

| | | | |
|--|--|--|--|
| Please list any General Instructional Skills Training that you have successfully completed <i>(Certificate, Diploma or Degree) e.g. Instructor Development Programme (IDP), ToT, B.Ed, etc.</i> | | | |
|--|--|--|--|

| No. | Date(s) | Instructional Course attended | Location |
|-----|---------|-------------------------------|----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |


| | | | |
|---|--|--|--|
| (b) Please list any Specialized AVSEC Instructional Training attended <i>(MUST have been offered by ICAO and/or IATA Accredited Institution)</i> <i>e.g. ASTP/Instructors, ICAO Instructors' Certification, etc.</i> | | | |
|---|--|--|--|

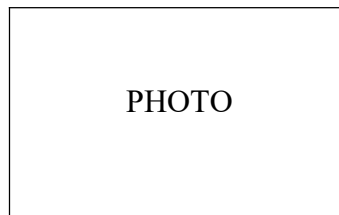
| No. | Date(s) | Instructional Course attended | Location |
|-----|---------|-------------------------------|----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

| | | | | | | | |
|----------|---|--|------------|--|-----------------------------|---------------------|--|
| 6 | Delivery of Standardized Training Packages (STPs) | | | | | | |
| | | | | | | Tick as appropriate | |
| 1 | Are you familiar with the training methodology applicable to Standardized Training Packages (STPs)? | | | | | YES | |
| | | | | | | NO | |
| 2 | Have you ever conducted a Standardized Training Package course? | | | | | YES | |
| | | | | | | NO | |
| 7 | Instructor Certification / Approval | | | | | | |
| | | | | | | Tick as appropriate | |
| 1 | Have you ever successfully undergone an AVSEC Instructor Certification process or been approved to conduct AVSEC training? | | | | | YES | |
| | | | | | | NO | |
| 2 | If Yes, by which organization? (<i>Tick as appropriate</i>) | | | | | | |
| | CAA | | ICAO | | Other Appropriate Authority | | |
| | | | | | | Please specify: | |
| 8 | Declarations | | | | | | |
| | I the undersigned, do hereby declare: | | | | | | |
| | <ul style="list-style-type: none"> that the information given in this form is correct to the best of my knowledge and belief. that I am ready to provide proof or demonstrate competency on claims indicated in this form (<i>where possible</i>) when called upon by the Authorized persons of the Authority (TCAA). that any misrepresentations of the facts be treated as grounds for refusal for recognition or inclusion in the (URT) roll of AVSEC Instructors and/or for other charges being preferred against me. that I will cooperate with persons evaluating my qualifications or records incase more information is required or when they approach my indicated training establishments, employer, relevant government agencies, Appropriate Authorities or other relevant persons for verification of any information provided herein. | | | | | | |
| | Name: | | Signature: | | Date: | | |

- Notes: 1. Attach copies of your certificates. Original Certificates (as proof of all courses indicated above) must exist and may be required for authenticity.
2. The completion of this form does not denote admission to the (United Republic of Tanzania) roll of National AVSEC Instructors. Other conditions/criteria specified by the Authority shall apply.
3. To be completed and submitted in hard copy

Medical Report

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|---|--|-------------|
|  | TANZANIA CIVIL AVIATION AUTHORITY AVIATION SECURITY | Revision: 0 |
| Document No: TCAA/FRM/SR/AVS-03 | Title: Aviation Security Personnel Medical Report | 1 of 2 |



Put Doctor' rubber stamp on top of the photo

A. INSTRUCTIONS

This medical certificate shall be issued after medical examination conducted by a recognized medical practitioner in the United Republic of Tanzania and shall only be authentic if the same contains the following: -

- i) current photo of the examinee and a rubberstamp of the medical officer on top of the photo as appropriate
- ii) The examination gives sufficient findings and recommendations based on the specifications in the forthcoming sections
- iii) Signed by the employer of the security personnel requesting the medical examination

B: PARTICULARS OF THE EXAMINEE

| | |
|------|--|
| i) | Full name..... |
| | |
| ii) | Sex..... |
| | |
| iii) | Organization..... |
| | ... |
| iv) | Aviation security duty for which the examination is sought (Screener/Supervisor/Inspector/Instructor etc), |
| | |
| | |

C: MEDICAL EXAMINATION

i) **VISUAL ACUITY:** (Eye sight shall be equal or better than 20/60 in both eyes without glasses/lenses, or equal or better than 20/20 in one eye and 20/30 in the other when using glasses or contact lenses.....

ii) **COLOUR PERCEPTION**.....

iii) **HEARING** (Hearing loss in each ear shall be less than 30 DB when tested by audiogram for frequencies below 200Hz.....

iv) **SPEECH:** (Clear ability to communicate orally efficiently and effectively. Moment of crisis communication necessitates that security personnel be free from any pronounced speech impediments.....

v) **SENSE OF SMELL** (Security personnel shall have the ability to sense odors)

vi) **MENTAL HEALTH**.....

vii) **PHYSICAL FITNESS**.....

D. DOCTOR’S MEDICAL CERTIFICATION

I Dr.....(*Full name of the Medical Officer*), certify that I have examined Mr./Mrs./Ms.....(*Full name of the examinee*) and found that he/she is FIT / UNFIT to serve aviation security duties based on the set criteria and findings above
Other recommendations by the Medical Doctor.....

Date.....

Signature of the Medical Doctor & Official stamp.....