



**ENGLISH LANGUAGE PROFICIENCY FORM
NAMIBIAN GOVERNMENT - CIVIL AVIATION AUTHORITY**

FSS PEL-G21

Telephone number:	+264 61 70 2240/41	Fax Number:	+264 61 70 2244
Physical address:	No. 12 Rudolf Hertzog Street, Windhoek, NAMIBIA		
Postal address:	Private Bag 12003, Ausspannplatz, Windhoek, NAMIBIA		
Contact person:	Chrissy Meroro	E-mail	Chrissmeroro@dca.com.na

1. Candidate's Details <i>(Applicant to complete)</i>			
Mr./Mrs./Ms.		ID/Passport No.	
Family Name		First Name	
Date of Birth <i>(dd/mm/yyyy)</i>		Namibian Licence #	Licence Type:
2. Language Assessment Details <i>(Applicant to complete 2.)</i>			
Indicate which Assessment the applicant is requesting to undergo:			
a. EXPERT Level 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	b. Other Language Levels	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.1.1 EXPERT Level 6 Assessment <i>(DLE to complete, 2.1.1 and 2.1.2)</i>			
<i>(At least one of the following (a. or b.) must be marked 'Yes' to proceed with the Level 6 Validation Interview)</i>			
a.	The person has English Speaking Parents and 5 years of schooling in English		<input type="checkbox"/> Yes <input type="checkbox"/> No (Confirm evidence)
	School Name:	Parents Family Name:	
	Other support information:		
b.	The person provided evidence of current significant exposure to the English Language		<input type="checkbox"/> Yes <input type="checkbox"/> No (Confirm evidence)
	Description of evidence:		
c.	Speech rating: LEVEL 6 AWARDED		<input type="checkbox"/> Yes <input type="checkbox"/> No (See score sheet)
2.1.2 Designated Language Examiner declaration			
I, _____ hereby declare that the language proficiency interview process was conducted in terms of the applicable NAMCAR, the guidance of PEL DLE001 and the Interlocutor Framework.			
DLE signature:		Date: <i>(dd/mm/yyyy)</i>	
2.2 Levels 5, 4, 3 Assessment <i>(DLE to complete sections 2.2, 3 and 4)</i>			
1	Speech Rating: Final LEVEL awarded (Attach score sheet)		<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
3. Post Assessment Actions required <i>(DLEs to complete for all Levels 5, 4 and 3 assessments)</i>			
Certificate issued: (Attach)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Third Examiner:	<input type="checkbox"/> Yes <input type="checkbox"/> No
DLE 1 final rating		DLE 2 final rating	
DLE 1 Justification:			
DLE 2 Justification:			
4. Declarations <i>(DLEs to complete for all Levels 5, 4 and 3 assessments)</i>			
I, _____ hereby declare that the language proficiency test was conducted in terms of the applicable NAMCAR, the guidance of PEL DLE001 and the Interlocutor Framework.			
DLE 1 signature:		Date: <i>(dd/mm/yyyy)</i>	
I, _____ hereby declare that the language proficiency was conducted in terms of the applicable NAMCAR, the guidance of PEL DLE001 and the Interlocutor Framework.			
DLE 2 signature:		Date: <i>(dd/mm/yyyy)</i>	