

GCI Self-Assessment

Indicate where you feel you are on the following abilities by placing the appropriate number on the line.

1 2 3 4 5 6 7 8 9 10  
Not confident Confident Very Confident

- a. Assessing student canopies as opening.
b. Providing ground control to students.
c. Train students in advanced skills.
d. Analyze a student's skill performance.
e. Train students in psychological elements of the sport.
f. Facilitate attainment of student's goals.
g. Identify the needs of students.
h. Supervise a students activities.

Voluntary feedback in regards to the GCI Course Module
Course Facilitator:

Course Material:

Course Program:

CSPA
Ground Control Instructor
Portfolio
for

#
(print candidate name, cspa #)



Mail completed portfolio to:
CANADIAN SPORT PARACHUTING ASSOCIATION
ASSOCIATION CANADIENNE DU PARACHUTISME SPORTIF

300 Forced Road, Russell, Ontario Canada K4R 1A1
Phone (613) 445-1881 Fax (613) 445-2698

www.cspa.ca

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Note: Must submit a Course Fee of \$45.00 along
with this portfolio for certification.

Training for Ground Control Instructor -- The training module for the GCI rating can be taken by one of the following methods, by an appropriately rated Course Facilitator:

1. as part of the Jump Master course program
2. as part of the SSI course program
3. as an optional additional module for the Coach 1 course
4. or as a stand-alone module covering just the GCI

For further information, please speak with a Course Facilitator.

**Facilitator's Verification:** [not valid without CF signature]

Course Location \_\_\_\_\_ Date \_\_\_\_\_

Facilitator's Name (Print) \_\_\_\_\_

Facilitator's Signature \_\_\_\_\_ Course: \_\_\_\_\_

Pre-Requisite Training – verification of observation completion:

Prior to conducting student supervision, the GCI candidate must directly observe/listen to a minimum of 25 student ground controls (e.g. radios) by a highly qualified and certified ground control instructor.

**Verification by SSE/IB:**

This certifies that (name) \_\_\_\_\_ has directly observed the required pre-requisite 25 Ground Control student canopy guidance by me, a certified ground control instructor (SSE, IA or IB) within a one year period prior to the GCI training module.

Verification Signature of SSE or IB \_\_\_\_\_ Date (day/mon/year) \_\_\_\_\_

Verification Name (Print) \_\_\_\_\_ CSPA # \_\_\_\_\_

With this signature I verify that the above named candidate has prepared for training as a Ground Control Instructor.

To certify your rating, you must complete the following items.

**PRIOR** to acting as a Ground Control Instructor: You must complete **BOTH** steps:

- Directly observe/listen to a minimum of 25 student contacts by a qualified and experienced Ground Control Instructor. Signature required.
- Participate in a Ground Control Instructor course module (either through C1, JM, SSI or a stand-alone course module by a qualified Course Facilitator)

**After** receiving the GCI Module and observing 25 student contacts:

- The practical component to complete the Ground Control Instructor rating requires that you directly provide ground control to 25 students while **under the direct supervision of an SSE, IA or IB** within a **12 month period**. Keep a record of your activities on the form in this portfolio and when complete have it signed by a SSE, a Course Facilitator or an Instructor B.

- Your **Coach 1** rating must be **Certified** (Have a certified card in hand; or you can mail this in along with the C1 portfolio for certification).

Once completed, send the **original** portfolio, signed by the correct individuals, to the Rating Processor, care of the CSPA. *Maintain a photo copy of the Portfolio for your own personal records.*

Submit a Course Fee of \$45.00 along with this portfolio, c/o CSPA.

Once this is done and approved, a certified rating card will be returned to you and you will be a Certified Ground Control Instructor with the CSPA. You will have to renew your rating as per currency requirements outlined by the CWC as well as your CSPA membership.

If you do not complete the requirements before the expiry date in your portfolio you may refer to the CWC section of the CSPA website [www.cspa.ca](http://www.cspa.ca) for the CWC temporary rating extension policy.

Coaching and Instructing is a rapidly developing area of our sport. Strive to keep yourself updated with new ideas in safety and techniques. Feel free to contact the CWC with any questions, comments or ideas that you may have at [Ratings@cspa.ca](mailto:Ratings@cspa.ca) .

## Practical Experience Document

Total Number of Jumps: \_\_\_\_\_ Jumps made in the last year: \_\_\_\_\_

Years in Sport: \_\_\_\_\_ CAC NCCP Number: \_\_\_\_\_

Number of supervised Ground controls performed in the one year period  
\_\_\_\_\_

I acknowledge the above training and evaluation of my abilities by the signing instructor below and certify that the information in this portfolio is a true and accurate representation of my experience as a rating holder.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date (day/mon/year)

\_\_\_\_\_  
Email

### Portfolio Verification by SSE/IB:

This certifies that (name) \_\_\_\_\_ has trained as a Ground Control Instructor and has completed the practical requirements of directly controlling 25 students to a safe landing within a one year period:

\_\_\_\_\_  
Verification Signature

\_\_\_\_\_  
Date (day/mon/year)

\_\_\_\_\_  
Verification Name (Print)

\_\_\_\_\_  
CSPA #

With the signature of an Instructor B/SSE this Ground Control Instructor temporary rating is in effect for 90 days, after which privileges expire.

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Name \_\_\_\_\_ Highest Cop \_\_ - \_\_\_\_

CSPA Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email \_\_\_\_\_

CSPA Membership Group/DZ \_\_\_\_ - \_\_\_\_\_

### Experience Summary

Total Jumps \_\_\_\_\_ Freefall Time: \_\_\_\_:\_\_\_\_:\_\_\_\_

Jumps in Past 12 Months \_\_\_\_\_

### Current Certified Ratings

Coach: 1 2

Instructor: JM SSI A B PFF

### CSPA Use Only

GCI Rating

Renewal Date:

Issue Date:

CWC Delegate:

Date:

Date Received:

Date of database entry:

Course Fee of \$45.00 received: \_\_\_\_\_

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**Coaching Contacts Record**

#	Date	Student's Name	Student Jump #	Describe student's control ability, canopy stage, next jump	SSE/IB Verification (signature of witness, CSPA #)
1					
2					
3					
4					
5					
6					
7					
8					
9					
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