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|  | SPS-FORM-021  Proposal of a safety manager |
| PART 1. **Particulars of the Applicant Organization** | |
| 1.1 Full Name: | |
| 1.2 Trade Name: | |
| 1.3 Full Business / Residential address: | |
| 1.4 City: | |
| 1.5 Postal Code: 1.6 Email address: | |
| 1.7 Telephone Number: 1.8 Fax, Telex or other contact (if any) | |
| 1.9 Legal status of applicant organization (individual/company/trust/other – please specify) | |
| 1.10 Registration Number in the case of a corporation/company/trust: | |
| 1.11 List of aerodromes operated: | |
| 1.12 Full particulars proposed to be responsible for the safety management system   1. Name: 2. Title in the Organization: 3. Telephone: 4. Fax: 5. Mobile: 6. Email address:   1.13 Nomination □ First □ Replaces (indicate name of previous nominee):  1.14 In case of change of a person responsible for safety management , reason for change: | |
| |  | | --- | | **PART 2 : Duties** | | * 1. The duties of ***(Name of the nominee)*** include:   a. Management of the Safety Management System implementation plan on behalf of the Accountable Manager and Compliance Officer □ YES □ NO  b. Facilitation of definition of level of safety indicators, and their management  □ YES □ NO  c. Recording the findings and communicating them to management □ YES □ NO  d. Monitoring of corrective actions to ensure their accomplishment □ YES □ NO   1. Provision of periodic reports on safety management performance □ YES □ NO 2. Maintenance of safety documentation □ YES □ NO 3. Planning and organization of staff safety training □ YES □ NO 4. Provision of independent advice on safety matters □ YES □ NO | | | 2.2 If the answer to any question 2.1 a to h is YES, the duties are given to ***(Nominee)*** through:  □ Delegation from the Accountable Executive □ individual employment letter  □ Special assignment | | | 2.3 ***(Nominee)*** has a direct access to the Accountable Manager and Compliance Officer on matters related to the aviation safety management: □ NO □ YES (specify reporting lines) | |   **PART 3 : QUALIFICATIONS**   |  | | --- | | 3.1 ***(Name of the nominee)*** has technical background and understands the systems that support the operations of ***(Organization)*** □ NO □ YES (specify) | | 3.2 ***(Name of the nominee)*** has --- years of operational management experience acquired in ***(Areas)*** and understands the systems that support the operations of ***(Organization)*** | | 3.3 ***(Name of the nominee)*** has --- years of project management experience acquired in ***(Areas)*** and is able to manage the implementation plan of the safety management System of ***(Organization)*** and projects arisen from corrective action plans | | 3.4 ***(Name of the nominee)*** has --- years of experience in provision/ management of training acquired in ***(Areas)*** and is able to plan and organize the safety training of the staff of ***(Organization)*** | | 3.5  ***(Name of the nominee)*** has --- years of experience in quality/safety management acquired in ***(Areas)*** and is able to maintain the safety documentation of ***(Organization)***  and provide ***(Organization)***  with independent advice on safety matters | | 3.6 ***(Organization)*** has assessed the people skills of ***(Name of the nominee)*** and determined that ***(Name of the nominee)*** has the personal interrelationship capabilities to deal with all people at high and low levels in ***(Organization)*** on matters related to the implementation of the safety management system  □ NO □ YES (specify method used for assessment and date) | | 3.7 ***(Organization)*** has evaluated the analytical and problem-solving skills of ***(Name of the nominee)*** and determined that ***(Name of the nominee)*** has the necessary capabilities to analyze and solve issues related to the implementation of the safety management system of ***(Organization)***  □ NO □ YES (specify method used for evaluation and date) | | 3.8 ***(Organization)*** has assessed the oral and written communication skills of ***(Name of the nominee)*** and determined that ***(Name of the nominee)*** is able to develop and submit the written and oral reports necessary for the implementation and monitoring of the safety management system of ***(Organization)***  □ NO □ YES (specify method used for assessment and date) | | 3.9 The applicant declares hereby that the information provided in the proposal form is true in every respect. Pursuant to SUCAR PART 19, and Sudan safety Management Manual; this constitutes a proposal for the post holder of safety manager, subject to the acceptance of the Authority.  ------------------------------------- ----------------------------------- ------------------------  Name & Title Signature Date |   **PART 4 : SUPPORTING DOCUMENTS**   |  | | --- | | 4.1 Supporting Documents (Attach)  Mark the appropriate block  □ Curriculum Vitae of the nominee □ Copies of qualifications  □ Summary of assessment of the nominee by the applicant □ Other (please specify) | | |