

## **AUSTRALIAN PARACHUTE FEDERATION**

R2b

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ABN: 75 061 266 510

## **COACH RECONFIRMATION OF APPOINTMENT**

CANDIDATE INFORMATION				
Name:	APF No:	Mobile:		
Registered	Club	Expiry of current		
CI:	Code:	appointment:		

## Appointment being Reconfirmed:

Cert B	Freefly	Wingsuit	High-Performance	CRW	Canopy
Coach	Coach	Coach	Canopy Coach	Coach	Coach

STATEMENT BY CH	HEF INSTRUCTOR	(CI to initial the applicable statement and sign below)		
Cl (Print name)				
<ul> <li>I have seen documented evidence of at least 20 coaching/instructing descents and at least 12 full days acting as a coach or instructor on a DZ within the previous 12 months;</li> <li>OR</li> </ul>				
• The candidate has demonstrated proficiency on a skills evaluation jump(s), logged, witnessed and authorised by the CI:				
Evaluation Jump Number(s) from Candidate's Logbook				
Printed name of person who conducted skills evaluation jumps	Signature of person who conducted skills evaluation			
CI Signature	Date///			
Candidate Signature	Date////			

<b>Payment Information</b> For each reconfirmed coach/leader qualification being applied for (\$30 each). <i>Post or email this form to the APF Office.</i>				
<b>MasterCard / VISA / E.F.T.</b> <i>The APF Office will contact you for/with payment details.</i>	Cheque / Money Order Please adhere securely to this application form and post to APF PO Box 1440, Springwood QLD 4127			
Life Member 🗌 (Free to Life Members)				
Office Use Only:				

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