



AUSTRALIAN PARACHUTE FEDERATION

R2b

PO Box 1440, Springwood QLD 4127

P: (07) 3457 0100 ~ E: apf@apf.com.au ~ W: www.apf.com.au

ABN: 75 061 266 510

COACH RECONFIRMATION OF APPOINTMENT

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

Appointment being Reconfirmed:

Cert B Coach <input type="checkbox"/>	Freefly Coach <input type="checkbox"/>	Wingsuit Coach <input type="checkbox"/>	High-Performance Canopy Coach <input type="checkbox"/>	CRW Coach <input type="checkbox"/>	Canopy Coach <input type="checkbox"/>
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STATEMENT BY CHIEF INSTRUCTOR		<small>(CI to initial the applicable statement and sign below)</small>
CI <i>(Print name)</i>		
<ul style="list-style-type: none"> 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; 	
OR		OR
<ul style="list-style-type: none"> The candidate has demonstrated proficiency on a skills evaluation jump(s), logged, witnessed and authorised by the CI: 	
..... <small>Evaluation Jump Number(s) from Candidate's Logbook</small>		
..... <small>Printed name of person who conducted skills evaluation jumps</small>	 <small>Signature of person who conducted skills evaluation jumps</small>
CI Signature	Date
Candidate Signature	Date

Payment Information	
For each reconfirmed coach/leader qualification being applied for (\$30 each). Post or email this form to the APF Office.	
MasterCard / VISA <input type="checkbox"/> <small>The APF Office will contact you for payment details</small>	Life Member (Free to Life Members) <input type="checkbox"/>

When completed, submit this page to the APF via email: apf@apf.com.au