

AUSTRALIAN PARACHUTE FEDERATION

R7

PO Box 1440, Springwood QLD 4127
P-(07) 3457 0100 ~ E-apf@apf.com.au ~ W-www.apf.com.au

TEMPORARY CHIEF INSTRUCTOR APPLICATION

Name	Date of Birth / /
APF No	Mobile
Training Organisation:	
Current Chief Instructor:	
Proposed period of Temporary CI appointment: Start Date:/ Finish Date:/	
Reason for Changing Appointment: Extended absence of existing CI; or	
Emergency, illness or personal event; or	
Unplanned ceasing of the Cl's engagement or standing down by the Club.	
To satisfy the requirement for a written request from the Club for the appointment of the applicant as the Cl, and for nomination of TOM, a completed 'Form CL1 Club Application, Renewal and Change' will suffice.	
Training Organisation Details: Written notification stating that the personnel, equipment, documentation and facilities that are presently available to the organisation will continue to be utilised (attached), or	
Evidence the applicant has access to all the necessary personnel, equipment, documentation and facilities needed to satisfactorily conduct the parachute training covered in the proposed TOM (attached).	
If Senior Pilot is also to change, the proposed CI and Senior Pilot mu	ist complete and submit Form J3 for NAO approval.
Notes : The assessment and approval of new/changed Chief Instructors, Clubs, TOMs, and Senior Pilots are each separate processes. Training operations must not commence until each is approved and the APF Office makes the necessary appointments effective. The applicant should work with Club and APF officers to ensure the APF Office (and in particular, the Safety & Training Manager) receive all the information necessary for assessing the application.	
Statement by Applicant: I hereby declare that:	
 I have met all APF requirements applicable to this application; I agree to abide by the approved TOM for the Club; I am committed to providing the necessary direct supervision; and I agree to comply with and abide by all APF policies, rules, regulations and mandatory manuals in force and as varied from time to time. 	
Applicant Signature:	
Payment Information	
\$55 (non-refundable) fee per application as applicable. Please complete the following fields.	
	☐ Cheque / Money Order Please adhere securely to this application form and post
	o APF PO Box 1440, Springwood QLD 4127
Office Use Only:	

Have you considered making a donation to the Australian Parachute Team? Tax deductible donations to support our national teams with training and competition costs may be made to the Australian Sports Foundation. For further information visit www.apf.com.au

APF Office use only:

Where applicable, have the following been provided: CL1 for Club J3 for Senior Pilot.	
Any consultation with relevant personnel may be documented separately and attached if deemed necessary.	
APF Office confirms that the candidate: is 'a fit and proper person and of good repute' to hold the position of Chief Instructor; has the ability to conduct training operations safely and effectively; has a credible history as a professional instructor, able to handle the responsibilities of the position; and is suitable for the peculiarities of the particular Club. Conditions imposed (if any):	
Approval of the Safety & Training Manager or his/her delegate:	
Comments (if any):	
Signature:Date/	
Candidate Notification: Rejection of application, or Approval of Application then Written acceptance received Other Notifications: Club Nominated Person Council STO APF Office staff	
Updates: APF Database APF website Any gap in candidate's capabilities has been noted for attention.	