



AUSTRALIAN PARACHUTE FEDERATION

R2b

PO Box 1440, Springwood QLD 4127

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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 (Print name)		
<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 DETAILS – For each reconfirmed coaching/leader qualification (\$30 each)					
Post or email this form to the APF Office.					
MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>	Cheque <input type="checkbox"/>		Free to life members <input type="checkbox"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	
Name on card:	Amount approved: \$.00
Signature of card holder.....	Date				

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