AUSTRALIAN PARACHUTE FEDERATION

R2b

201604

COACH RECONFIRMATION OF APPOINTMENT

CANDIDATE INFORMATION		
Candidate Name:	Candidate Mobile No:	APF No:
Reg'd Chief Instructor:	Club Code:	Expiry date of current coach appointment:

Appointment being Reconfirmed:

Certificate B Coach ☐ *Wingsuit Coach* ☐ *Freefly Coach* ☐ *Canopy Piloting Coach* ☐

CI or highly experienced coach with the relevant endorsement: *(Print name)* .....

I conducted skills evaluation jump(s) with the candidate and confirm their proficiency in the nominated discipline.

Signature ..... Date ...../...../.....

STATEMENT BY CHIEF INSTRUCTOR

(CI to initial the applicable statement and sign below)

Chief Instructor *(Print name)* .....

- 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***
- 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 Log Book *Printed Name of Witness to jump(s) - Coach / DZSO / CI*

CI Signature ..... Date ...../...../.....

Candidate *(Print name)* .....

Signature ..... Date ...../...../.....

PAYMENT DETAILS – For each reconfirmed coaching qualification

Reconfirmation of Appointment(s):

	Cert B	WS	FF	CP
$30 (single fee) for all current coaching qualifications:	☐	☐	☐	☐

Post, email or fax this form to the APF National Office

MasterCard ☐ Visa ☐ Cheque ☐ Money Order ☐ Free to life members ☐

Card No: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Expiry:** ☐☐ – ☐☐

Name on Card: ..... Amount approved: $ 30.00

Signature of card holder..... Date ...../...../.....

When completed, submit this page to the APF via email: apf@apf.com.au (or fax: 07 3457 0150).