



AUSTRALIAN CALISTHENIC FEDERATION INC.

ABN: 83 741 804 818

Examiners Advisory Board

APPLICATION TO ENTER TRAINEE EXAMINER PROGRAM

Name _____ Date of Birth _____

Address _____

Post code _____

Phone (home) _____ (work) _____

Fax _____ Email _____

Are you a Level 1 or Level 2 Coach? Please tick Level 1 Level 2 Not a Coach

APPLICANTS CALISTHENIC TRAINING:

1. Attach a list of your achievements in Calisthenics and similar disciplines as a student.
2. Attach a list of your achievements in Calisthenics and similar disciplines as a coach.
3. Attach a list of your qualifications in Calisthenics and similar disciplines.

COMPETITIVE CLASSES TAUGHT: (where applicable)

CLASS/CLUB/COLLEGE	YEAR	SECTIONS	GRADING

Where applicable LIST DETAILS OF OTHER RELEVANT COACHING EXPERIENCE (e.g. solo, State Team, Specialist Coaching, Seminars)

LIST DETAILS OF ADJUDICATING EXPERIENCE: (where applicable)

LIST DETAILS OF DANCE TRAINING:

WHAT TESTS/GRADES DID YOU ACHIEVE AS A PUPIL:

EXAMINATION TESTS/GRADES TAUGHT: (where applicable)

Tests/Grades taught	Approximate number of Pupils	Club/College	Number of Years	Results

GROUP PREPARATION CLASSES TAUGHT: (where applicable)

Tests/Grades	Number of Years

ANY OTHER INFORMATION YOU MAY FEEL IS RELEVANT TO YOUR APPLICATION:

PLEASE INCLUDE 2 REFEREE STATEMENTS AND THEIR PHONE CONTACT DETAILS (Referees may be contacted by the Examiners Advisory Board)

Signature of Proposer _____ Qualifications _____

Signature of Seconder _____ Qualifications _____

Signature of Applicant _____ Date _____

Please attach proof of either current Coach or Adjudicator Membership (If applicable)

Please attach either current Coaches Membership Card or Adjudicator receipt.