



SKATE AUSTRALIA Inc

COMMISSIONED ARTISTIC OFFICIALS' COMMITTEE

pwallace7@bigpond.com

NEW COMMISSION APPLICATION (OTHER THAN TECHNICAL SPECIALIST) – ATTACHMENT 1

PLEASE ENSURE THAT ALL REQUIRED INFORMATION IS PROVIDED - PARTIAL SUBMISSIONS WILL NOT BE ACCEPTED

<u>APPLICANT'S INFORMATION</u>											
Full Name											
Address											
Telephone				Date of Birth							
Email				SA No							
Club				Chapter Panel							
Class of SA Membership		<input type="checkbox"/> Competitive		<input type="checkbox"/> Development		<input type="checkbox"/> Associate		<input type="checkbox"/> Life			
<u>COMMISSION/S APPLIED FOR (Circle appropriate level)</u>											
Couples Dance	B	S	G				Precision	G			
Solo Dance	B	S	G				Show	G			
Free Skating	B	S	G				Referee	G			
Pairs	B	S	G								
Figures	B	S	G				Event Manager	EM			
Inline	B	S	G				Data Operator	DO			
<u>COMMISSIONS CURRENTLY HELD (Circle appropriate level)</u>											
TC = Technical Controller					TS = Technical Specialist						
Couples Dance	B	S	G	TC	TS				Show	G	
Solo Dance	B	S	G	TC	TS				Referee	G	
Dance (up to 2020)	B	S	G						Calculating	1	2
Free Skating	B	S	G	TC	TS						
Pairs	B	S	G	TC	TS				Event Manager	EM	
Figures	B	S	G						Data Operator	DO	
Precision	G			TC	TS						
Inline	B	S	G	TC	TS						

Signed _____
Candidate

Date _____

State Panel Chair

**Approval for commission to proceed
National CAOC Chair**

Signed: _____

Signed: _____

Pat Wallace

Name: _____
(Print name)

Date: _____

Date: _____



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Full Name	

Telephone		Date of Birth	
Email		SA No	

<input type="checkbox"/> Commission being assessed:	
<input type="checkbox"/> On-Line Course – Theory completed	<input type="checkbox"/> Practical Assessment completed
<input type="checkbox"/> General Principles Certificate received	<input type="checkbox"/> Code of Ethics received
<input type="checkbox"/> Course registration fee of \$20.00 into SA AAC account	<input type="checkbox"/> Judge's commission required for TS qualification
<input type="checkbox"/> Current "working with children" verification	

I confirm _____ has completed all requirements of
(Name of Candidate)

_____ and I recommend that the commission be awarded.
(Name of Commission)

CHIEF EXAMINER			
Name		Qualification	
SA Number		Accreditation Expiry	
Course Presenter's Course		YES NO	
Signature:		Date:	

Final approval of commission by National CAOC Chair

Signed: _____
Pat Wallace

Date: _____