



# SKATE AUSTRALIA Inc

## COMMISSIONED ARTISTIC OFFICIALS' COMMITTEE

[pwallace7@bigpond.com](mailto:pwallace7@bigpond.com)


### TECHNICAL SPECIALIST - NEW COMMISSION APPLICATION – ATTACHMENT 1\_1

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


| <b><u>APPLICANT'S INFORMATION</u></b> |             |                      |           |      |
|---------------------------------------|-------------|----------------------|-----------|------|
| <b>Full Name</b>                      |             |                      |           |      |
| <b>Address</b>                        |             |                      |           |      |
| <b>Telephone</b>                      |             | <b>Date of Birth</b> |           |      |
| <b>Email</b>                          |             | <b>SA No</b>         |           |      |
| <b>Club</b>                           |             | <b>Chapter Panel</b> |           |      |
| <b>Class of SA Membership</b>         | Competitive | Development          | Associate | Life |

| <b><u>COMMISSION/S APPLIED FOR (Select as appropriate)</u></b> |  |                     |  |
|--|--|---------------------|--|
| Couples Dance  |  | Free Skating        |  |
| Solo Dance   |  | Free Skating Pairs  |  |
| Precision  |  | Inline Free Skating |  |

| <b><u>COMMISSIONS CURRENTLY HELD (Select if appropriate)</u></b> |                          |  |                          |
|--|--------------------------|--|--------------------------|
| TC = Technical Controller  |                          | TS = Technical Specialist                            |                          |
| Couples Dance  | <input type="checkbox"/> | Free Dance   | <input type="checkbox"/> |
| Solo Dance   | <input type="checkbox"/> | Show   | <input type="checkbox"/> |
| Dance  | <input type="checkbox"/> | Referee  | <input type="checkbox"/> |
| Free Skating   | <input type="checkbox"/> | Calculating  | <input type="checkbox"/> |
| Pairs  | <input type="checkbox"/> | Event Manager  | <input type="checkbox"/> |
| Figures  | <input type="checkbox"/> | Data Operator  | <input type="checkbox"/> |
| Precision  | <input type="checkbox"/> | Event Manager/Data Operator<br>(Combined commission) | <input type="checkbox"/> |
| Inline   | <input type="checkbox"/> |  |                          |

 Signed \_\_\_\_\_ Date \_\_\_\_\_  
Candidate


**State Panel Chair**

 Signed: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print name)

Date: \_\_\_\_\_

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

 Signed: \_\_\_\_\_  
Pat Wallace

Date: \_\_\_\_\_



# SKATE AUSTRALIA Inc

## COMMISSIONED ARTISTIC OFFICIALS' COMMITTEE

*pwallace7@bigpond.com*

### TECHNICAL SPECIALIST - NEW COMMISSION APPLICATION – ATTACHMENT 1\_1

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

| <b><u>APPLICANT'S INFORMATION</u></b> |  |                      |  |
|---------------------------------------|--|----------------------|--|
| <b>Full Name</b>                      |  |                      |  |
| <b>Telephone</b>                      |  | <b>Date of Birth</b> |  |
| <b>Email</b>                          |  | <b>SA No</b>         |  |
|                                       |  |                      |  |

|  |  |
|--|--|
| Commission being assessed:                             |  |
| On-Line Course – Theory completed                      | Practical Assessment completed                   |
| General Principles Certificate received                | Code of Ethics received                          |
| Course registration fee of \$20.00 into SA AAC account | Current SIA Anti-Doping Certificate received     |
| Current “working with children” verification           | Judge’s commission required for TS qualification |


I confirm \_\_\_\_\_ has completed all requirements of  
(Name of Candidate)

\_\_\_\_\_ for the discipline of \_\_\_\_\_  
(Tech Specialist OR Tech Controller) (Name of Discipline)

and I recommend that the commission be awarded.

| <b>CHIEF EXAMINER</b>            |  |                             |  |
|----------------------------------|--|-----------------------------|--|
| <b>Name</b>                      |  | <b>Qualification</b>        |  |
| <b>SA Number</b>                 |  | <b>Accreditation Expiry</b> |  |
| <b>Course Presenter's Course</b> |  |                             |  |
| <b>Signature:</b>                |  | <b>Date:</b>                |  |
|                                  |  |                             |  |

#### Final approval of commission by National CAOC Chair

  
Signed: \_\_\_\_\_  
Pat Wallace

Date: \_\_\_\_\_