



SKATE AUSTRALIA Inc

COMMISSIONED ARTISTIC OFFICIALS' COMMITTEE

pwallace7@bigpond.com

CHIEF EXAMINER'S RECORD OF PROGRESS – ATTACHMENT 3

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	Competitive	Development	Associate	Life

<u>COMMISSION/S APPLIED FOR (Select as appropriate)</u>					
Couples Dance	<input checked="" type="checkbox"/>			Show	
Solo Dance	<input checked="" type="checkbox"/>			Referee	
Dance		<input checked="" type="checkbox"/>			
Free Skating					
Pairs				Event Manager	
Figures		<input checked="" type="checkbox"/>		Data Operator	
Precision					
Inline					

<u>COMMISSIONS CURRENTLY HELD (Select if appropriate)</u>					
Couples Dance	<input checked="" type="checkbox"/>			Free Dance	
Solo Dance	<input checked="" type="checkbox"/>			Show	
Dance		<input checked="" type="checkbox"/>		Referee	
Free Skating				Calculating	
Pairs				Event Manager	
Figures		<input checked="" type="checkbox"/>		Data Operator	
Precision					
Inline					

Type of Commission	New	Upgrading	
Official's General Principles	Yes	No	Started
Code of Ethics	Yes	Current	New

I am eligible to be examined for the above commission and I wish to register for the training course offered by Commissioned Artistic Officials Committee and Skate Australia.

Signed _____  Date _____
Candidate



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<u>REMARKS OF THE CHAIRMAN OF THE CHAPTER PANEL</u>	
I hereby certify that the above Applicant is eligible for the prescribed course of study for the above commission.	
Signed	Date
On behalf of	Panel of CAOC

Date fee received	
Date fee sent to Skate Australia	
Date scanned and submitted to National CAOC Chair	
Date submitted to Chief Examiner	

<u>NOTATIONS/REMARKS BY THE CHIEF EXAMINER</u>	
I hereby certify that the above Applicant is eligible for the prescribed course of study for the above commission.	
Date Application received	Date work papers sent
Mentors/Assessor (1)	Mentors/Assessor (2)

<u>NOTATIONS/REMARKS BY MENTORS/ASSESSORS</u>	
Mentor/Assessor (1)	Assessment performed
	Adjudication
	Signature _____ Date _____
Mentor/Assessor (2)	Assessment performed
	Adjudication
	Signature _____ Date _____

<u>COMMENTS BY THE CHIEF EXAMINER</u>



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<u>NOTATIONS BY THE CHIEF EXAMINER</u>			
OGP done	Application fee paid	Date	
Return of completed paperwork		Date	
Adjudication			
Signature		Date	

<u>NOTATIONS BY THE CHAIRPERSON OF CAOC</u>					
Date adjudication package returned					
Results advised to:					
(1) Applicant	Date		(2) AATC	Date	
(3) CAOC Chapter	Date		(4) Data Manager	Date	
Signature		Date			

Information sent from SA to NOAS	Date	
Results returned from NOAS	Date	
Applicant's NOAS Number (when a first commission)		