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(OFFICE USE ONLY)

THIS FORM MUST BE COMPLETED BY A GRADE 4 CLERK OF THE COURSE WHO IS REQUESTING TO UPGRADE TO A GRADE 3 CLERK OF THE COURSE LICENCE

- *The purpose of this exercise is for the Grade 4 Clerk of the Course to experience the duties that are required to be performed by a Grade 3 Clerk of the Course and above, whilst under the supervision of a suitably qualified Official.*
- *This Grade 4 Clerk of the Course Self-Assessment Checklist must be completed at a minimum of three (3) Meetings and must be submitted with the relevant Upgrade Request Application to the State Officials Coordinator.*

1. GRADE 4 CLERK OF THE COURSE - PERSONAL DETAILS

SURNAME		GIVEN NAMES	
EMAIL			
MOBILE NO.		KA OFFICIALS LICENCE NO.	

2. MEETING DETAILS

MEETING NAME			
CIRCUIT NAME		MEETING DATE	

3. SELF-ASSESSMENT CHECKLIST

- *Each duty listed below must be completed by the Grade 4 Clerk of the Course at least once during the Meeting.*
- *The date the duty was completed must be entered into the relevant column.*

DUTY REQUIRED	DATE	DUTY REQUIRED	DATE
Undertake Track Inspection		Penalty Notification	
Complete Pre-Event Checklist		• Complete the Form	
Locate Circuit Licence and Check Validity		• Issue Form to the Driver and/or Participant	
Check Grid Capacity on the Circuit Licence		• Ensure Stewards receive signed copy	
Sight the KA Organising Permit		Infringement Notice	
Attend Officials Briefing		• Complete the Form	
Attend Drivers Briefing		• Issue Form to the Driver and/or Participant	
Check with Timekeeper that Timing is Fully Operational		• Ensure Stewards receive signed copy	
Instruct Medical Personnel		Protest Form <i>(Do not admit to Breach Type)</i>	
Radio Check with all Officials		• Complete the Form	
Check Safety Lights are Operational		• Issue Form to the Driver and/or Participant	
Work in Race Control as instructed		• Ensure Stewards receive the completed Form	
Acted in Clerk of the Course role for a part of the Meeting			

4. DECLARATION

The information I have entered into this 'Self-Assessment Checklist' has been completed by me and is a true and correct record of the duties I have undertaken at the Meeting listed on this Form.

NAME: SIGNATURE:

DATE:

5. SUPERVISING OFFICIAL DETAILS

NAME:	<input type="text"/>	DATE:	<input type="text"/>
POSITION:	<input type="text"/>	MOBILE NO.:	<input type="text"/>
KA OFFICIALS LICENCE NO.:	<input type="text"/>		
SIGNATURE:	<input type="text"/>		

Completed Assessment Forms to be sent to:

The State Officials Coordinator in the State/Territory where your Officials Licence was issued.

OFFICE USE ONLY

<i>Received by:</i>	<input type="text"/>	<i>Date:</i>	<input type="text"/>	<i>Grade:</i>	<input type="text"/>			
<i>Forwarded to:</i>	<input type="text"/>	<i>Date:</i>	<input type="text"/>	<i>Recommended</i>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<i>Forwarded to:</i>	<input type="text"/>	<i>Date:</i>	<input type="text"/>	<i>Approved</i>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>