

RECEIVED STAMP HERE
(OFFICE USE ONLY)

THIS FORM MUST BE COMPLETED BY A GRADE 4 STEWARD WHO IS REQUESTING TO UPGRADE TO A GRADE 3 STEWARDS LICENCE

- *The purpose of this exercise is for the Grade 4 Steward to experience the duties that are required to be performed by a Grade 3 Steward and above, whilst under the supervision of a suitably qualified Official.*
- *This Grade 4 Steward 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 STEWARD - 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 Steward 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 Circuit Log Book		• Complete the Form	
Complete Pre-Event Checklist		• Issue Form to the Driver and/or Participant	
Locate Circuit Licence and Check Validity		• Enter the Penalty into the CMS	
Check Grid Capacity on the Circuit Licence		Infringement Notice	
Sight the KA Organising Permit		• Complete the Form	
Commence & Complete the Stewards Report		• Issue Form to the Driver and/or Participant	
Issue any Bulletins as required		• Enter the Penalty into the CMS	
Attend Officials Briefing		Protest Form (Driver vs Driver Type)	
Attend Drivers Briefing		• Complete the Form	
Instruct Medical Personnel		• Issue Form to the Driver and/or Participant	
Check Safety Lights are Operational		• Enter the Penalty into the CMS <i>(if any)</i>	
Attend a Stewards Hearing		Receipt Book	
		• Complete and collect relevant fee	
		• Return Fee and Sign Off	

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"/>
SIGNATURE:	<input type="text"/>		
KA OFFICIALS LICENCE NO.:	<input type="text"/>		

Completed assessment forms to be sent to:

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

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<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"/>