Australian Calisthenic Federation

COACH INTERSTATE TRANSFER FORM

Name: _____

Accreditation No: _____ Expiry Date: _____

Current level of accreditation held: Cadet Level 1 Level 2 (Please Circle)

If a cadet - Are you due to commence the Level 1 course? Yes / No

If Level 1 - Have you registered for the Level 2 course? Yes / No

Old State:

Address: _____

_____

Postcode: _____

Phone: _____

New State:

Address: _____

_____

Postcode: _____

Phone: _____

Please briefly state your coaching experience from most recent

Club:	Year:	Age Group:	Grading:

Please nominate two referees who can comment on your coaching:

Name: _____ Phone no: _____

Name: _____ Phone no: _____

Coaching Co-ordinator/Secretary Signature: _____

from State Coaching Body: _____ Date: _____

Transferring Coach's Signature: _____ Date: _____

Please return this signed form to: