



APPLICATION FORM FOR PARTICIPANTS IN FEI COURSES

FOR OFFICIALS

DRIVING - 2015

Date of Course: _____ Location: _____

Level 2 Technical Delegate:

For promotion ☐

Maintain status (every 4 years) ☐

Course registration only ☐

"Please complete the corresponding form hereafter"

Name (capitals)	_____	First Name (capitals)	_____
Home phone	_____	Work phone	_____
Date of birth	_____	Cell phone	_____
Address	_____	Email	_____
	_____	Fax	_____
	_____	Present status	_____

Level 2 Technical Delegate:*As per Criteria of appointment/promotion for Driving Officials*

- ☐ **4.1:** Have had regular practice as a National Technical Delegate over a period of at least five years, as well as having acted as Technical Delegate at two CANs. Experience on Organising Committees, as well as having worked with a Course Designer is required. This requirement may be reduced if the Technical Delegate is a Level 3 Judge or a Level 3 Course Designer.

<i>Year</i>	<i>Place</i>	<i>Event Type</i>	<i>Function (Technical Delegate)</i>	<i>Remarks</i>

- ☐ **4.2:** Have acted as a TD at top level National Events during the current or preceding year.

<i>Year</i>	<i>Place</i>	<i>Event Type</i>	<i>Function (Technical Delegate)</i>	<i>Remarks</i>

- ☐ **4.3:** Speak one of the two official languages.

<i>Spoken languages</i>	_____	<i>Understood languages</i>	_____
<i>Mother tongue</i>	_____		

- ☐ **4.4:** Hold FEI Level 3 Judge status.

- ☐ **4.5:** Have attended and passed at least one FEI Level 1 Combined Course for Candidate Judges, Technical Delegates and Course Designers.

<i>Year</i>	<i>Place</i>	<i>Type</i>	<i>Course Director's Name</i>

Courses/Seminars attended :

<i>Year</i>	<i>Place</i>	<i>Type</i>	<i>Course Director's Name</i>

The NF of _____ hereby certifies that the information above regarding the abovementioned Official is correct and true and wishes that the official be promoted subject to the recommendation of the Course Director and the Technical Committee.

NF Official Representative: _____

Date: _____ Timbre and
Signature: _____

TO BE COMPLETED BY THE COURSE DIRECTOR AND RETURNED TO FEI UPON COMPLETION OF COURSE

	YES	NO
Qualifications criteria correct and sufficient for promotion	<input type="checkbox"/>	<input type="checkbox"/>
Recommended for Promotion	<input type="checkbox"/>	<input type="checkbox"/>

Course Director:

Name: _____ Signature: _____

Nationality: _____ Date: _____

N.B: This form must be completed and sent to your local National Federation for signature and Federation stamp as well as to the course director for his signature of approval prior to sending to the email or fax below.

Please email to camilla.kjellqvist@fei.org or Fax to: 0041 (021) 310 47 60