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| **Qualifications and training—briefer/guide** |
| Staff member’s name:       |
| Address:       | Telephone:       |
|       | Mobile:       |
| Date of commencement of employment:       |
| Role/s | [ ]  Briefer | [ ]  Guide | [ ]  Both |
| Qualifications:       |
| Experience:       |
| Has provided proof of at least one year experience as a master of a sailing vessel over 12 metres since gaining Master class 5 qualification? | [ ]  Yes |

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| **Observe 10 safety briefings** |
| Number | Date | Supervisor’s name | Number | Date | Supervisor’s name |
| 1 |       |       | 6 |       |       |
| 2 |       |       | 7 |       |       |
| 3 |       |       | 8 |       |       |
| 4 |       |       | 9 |       |       |
| 5 |       |       | 10 |       |       |

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| **Deliver 5 safety briefings and guide practical experience under supervision** |
| Safety briefings delivered | Acted as guide |
| Number | Date | Supervisor’s name | Number | Date | Supervisor’s name |
| 1 |       |       | 1 |       |       |
| 2 |       |       | 2 |       |       |
| 3 |       |       | 3 |       |       |
| 4 |       |       | 4 |       |       |
| 5 |       |       | 5 |       |       |

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| **Vessel owner and staff member sign off** |
|  | Name | Signature | Date |
| Vessel owner: |       |  |       |
| Staff member: |       |  |       |