Reference Form for Race Management Performance

This form should be completed by National or higher level Race Officer. Please send the completed form to both the [Sail Canada office](mailto:official@sailing.ca) and the candidate. All forms will be treated confidentially and will be considered along with the candidate’s application.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Candidate's Name: | | | | | | | | | Province: | | | | | | |
| Address: | | | | | | | | | | | | | | | |
| Tel: | | |  | | | | | | | E-mail: | | | | | |
| How long have you known the candidate? | | | | | | | | | | | | | | | |
| List below the important events where you have worked together, specifying your role and that of the candidate:  Event Role of Candidate Your Role at Event | | | | | | | | | | | | | | | |
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| ***\* Please write Comments / Needs for improvement / Special strengths for each category below*** | | | | | | | | | | | | | | | |
|  | | Not Yet Acceptable | | |  | | Acceptable | | | |  | | Don't know | |  |
| **1. Rules Application** | ***\**** | | | | | | | | | | | | | | |
|  | | Not Yet Acceptable | |  | | | | Acceptable | | |  | | Don't know | |  |
| **2. Course**  **Management** | ***\**** | | | | | | | | | | | | | | |
|  | | Not Yet Acceptable | |  | | | | Acceptable | | |  | | Don't know | |  |
| **3. Observation** | ***\**** | | | | | | | | | | | | | | |
|  | | Not Yet Acceptable | |  | | | | Acceptable | | |  | | Don't know | |  |
| **4. Communication** | ***\**** | | | | | | | | | | | | | | |
|  | | Not Yet Acceptable | |  | | | Acceptable | | | |  | | Don't know | |  |
| **5. Temperament & Behaviour** | ***\**** | | | | | | | | | | | | | | |
|  | | Not Yet Acceptable | |  | | | Acceptable | | | |  | | Don't know | |  |
| **6. Physical Fitness** | ***\**** | | | | | | | | | | | | | | |
| **7. Comments**  **Not covered above** | Other special strengths:  Other difficulties: | | | | | | | | | | | | | | |
| **Reviewer** | Name: | | | | | Signature: | | | | | | | | Date: | |