|  |
| --- |
| Statement of recommendation by a licensed trainer or match maker |

# Applicant (contestant) details

|  |  |
| --- | --- |
| Full name |  |
| Date of birth |  |
| Residential address |  |
| Mobile |  |

# Licensed trainer or match maker details

|  |  |
| --- | --- |
| Full name |  |
| Trainer or match maker |  |
| State licence held | <E.g. Victoria, NSW, WA> |
| Residential address |  |
| Mobile |  |
| Email |  |

## For trainers

Insert the number of years or other period of time you have been the applicant’s trainer:

|  |
| --- |
|  |

## For match makers

Insert the number of years or other period of time you have known, or known of, the applicant (as a boxing and/or combat sports athlete):

|  |
| --- |
|  |

## For trainers and match makers

### Sparring

I have observed the applicant **spar** within the past 12 months as follows:

|  |  |
| --- | --- |
| Frequently (more than four times per week) |  |
| Regularly (2 to 3 times per week) |  |
| Occasionally (once per week) |  |
| Sometimes (less than once a week) |  |

The applicant’s sparring partners have included:

|  |
| --- |
|  |

**Contests**

I have observed the applicant **compete** on the following occasions:

| Date | **Place** | **Opponent** | **Result (Win/Loss/Draw)** | **Decision (KO/TKO/Other)** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Skills and experience**

Insert any comment you wish to make about the applicant’s skill level, experience or any other relevant matter:

|  |
| --- |
|  |

# Statement of recommendation

On the basis of my observations as detailed above, I am of the opinion that the applicant possesses an adequate level of the following skills to compete at a professional level:

1. defensive skills, including evasive skills and speed of reaction;
2. mobility and ring generalship;
3. strategic and tactical awareness; and
4. endurance and stamina.

I agree to speak to representatives of the Professional Boxing and Combat Sports Board to discuss my observations and opinion of the skill level of the applicant.

I acknowledge that giving false or misleading information to the Professional Boxing and Combat Sports Board may result in my licence being suspended or cancelled.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date |  |

|  |
| --- |
| To receive this form in an accessible format email the Combat Sports Unit <combat.sports@sport.vic.gov.au>Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne. © State of Victoria, Department of Health and Human Services, June 2018. Available at [Boxing and combat sports](http://www.sport.vic.gov.au/our-work/boxing-and-combat-sports) <http://www.sport.vic.gov.au/our-work/boxing-and-combat-sports> |