

Letter of recommendation for all persons applying for an **Assistant Stunt Coordinator** grading
 All letters of recommendation **must** be completed by the referee on this form.



Name of the applicant: _____

Name of referee: _____

Your contact number: _____

Level at which you are graded: _____

Date of your grading: _____

Please list the jobs which the applicant has worked for you / that you have worked alongside the applicant:

Production title	Your role	Their role

- Does the applicant have a good working knowledge of the film industry? YES/NO
- Does the applicant have a good understanding of the NSGC dispensation process? YES/NO
- Does the applicant apply appropriate safety protocols to their work? YES/NO
- Is the applicant professional in their work? YES/NO
- Does the applicant have a good working relationship with cast and crew? YES/NO

What are the applicant's characteristics that make them suitable to work as an Assistant Coordinator including, but not limited to their understanding of stunt safety at work?

- Have you sighted the applicant's grading submission? YES/NO
- Do you believe that the requirements to fulfil the grading criteria have been met? YES/NO

Signed: _____

Date: _____