

Letter of recommendation for all persons applying for a 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 and capacity in which the applicant has worked for you:

Job title	Your role	Their role

Does the applicant have a good working knowledge of the film industry – including the consultation and preparation steps required to execute a range of stunt work?

YES/NO

Is that applicant proficient in using 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

Can the applicant interact professionally with directors/producers/showrunners?

YES/NO

What are the applicant's characteristics that make them suitable to work as a Stunt Coordinator?

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: