

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 | |
| Date of birth | |
| Trainer or match maker | |
| State of licence held | |
| 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) | <input type="checkbox"/> |
| Regularly (2 to 3 times per week) | <input type="checkbox"/> |
| Occasionally (once per week) | <input type="checkbox"/> |
| Sometimes (less than once a week) | <input type="checkbox"/> |
| Never | <input type="checkbox"/> |

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

In your opinion, why is the contestant ready to compete as a professional? Please provide a brief statement about the applicant's skill level, experience, or any other related factors:

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](mailto:combat.sports@sport.vic.gov.au)
<combat.sports@sport.vic.gov.au>

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne. © State of Victoria, Department of Jobs, Skills, Industry and Regions, January 2023. 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>