

DEVORAN PILOT GIG CLUB
Coxswain Training Documents



Name: _____

Rowing experience to date:

Observed Training Sessions:

A minimum of 3 sessions where you observe a training session from the stern of the gig with an experienced or senior Coxswain.

Session	Name of Coxswain	Date	Signature of Coxswain

Observed Coxing Sessions:

A minimum of 3 sessions Coxing with an experienced Coxswain observing in the stern. These sessions must be signed off by the experienced Coxswain only if they feel the handling of the boat was in accordance with water safety guidelines, buoyage and collision regulations, and has a good training plan for the crew, and monitoring rowers technique.

Session	Name of Coxswain	Date	Signature of Coxswain

Attendance at Seamanship/Water Safety talk:

Attend or have a water safety/seaman ship talk given by a senior Coxswain or individual approved by the Committee having an adequate qualification or experience outside of the Club

Name of Presenter	Date	Signature of Presenter

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Completion of VHF Course/Instruction:

Attend a VHS instruction course given by an individual nominated by the Committee deemed to have the relevant experience a VHF instruction course/talk, read and understood the information within the coxswain training package

Name of Presenter	Date	Signature of Presenter

Statement of Completion:

I hereby declare that I have completed the required training as deemed necessary by Devoran Pilot Gig Club in order to undertake the role of a novice Coxswain. I understand that as a Coxswain I am responsible for the safety of those in the gig, the rules relating to the use of the gig, both the Club and the CPGA water safety guidelines, and the Clubs health and safety policies. I acknowledge that over the next 12 months I shall continue to be monitored by experienced senior and experienced Club Coxswains and need to maintain the health and safety practices, rules and policies as outlined by the Club.

Signed: _____ Date: _____

Print: _____

For Committee use only:

Signed off by:

Chairman: _____ *Date:* _____

Print: _____

Vice Chairman: _____ *Date:* _____

Print: _____

Rowing Secretary: _____ *Date:* _____

Print: _____

Receipt of completed form: _____

12 Month Random Checks:

Session	Name of Coxswain	Date	Signature of Coxswain
1			
2			
3			
4			

4 Umpire boat sessions (secretary must be informed so form can be updated accordingly):

Session	Event	Date
1		
2		
3		
4		