

APPLICATION FOR APPROVAL AS AN FSC APPROVED STEERER / SUPERVISOR

Name: _____

Member of Furnivall Since: _____

Previous rowing experience: _____

I have experience of and wish to be approved to undertake without supervision (and/or to supervise non-approved steerers undertaking) the activities ticked (*use X if filling in online*) in the relevant columns below, subject to the FSC Approved Steerer Policy and Supervision Ratio Guidance:

Activity	Approved Steerer	Approved Supervisor
Sculling in a single	<input type="checkbox"/>	<input type="checkbox"/>
Steering a 2x or 4x	<input type="checkbox"/>	<input type="checkbox"/>
Steering a 2- or 4-	<input type="checkbox"/>	<input type="checkbox"/>
Coxing a 4+ or 8+	<input type="checkbox"/>	<input type="checkbox"/>

Tick this box if you have previously been an approved steerer at FSC:

Declaration (*tick the following boxes*):

- I have read, understood and agree to abide by the FSC Approved Steerer Policy (*available at www.furnivall.org*)
- I have read the latest version of *Rowing on the Tideway*, the TRRC / PLA Code of Practice (*available at www.pla.co.uk/pdfs/maritime/THE_ROWING_CODE.pdf*)
- I have read the latest version of *Row Safe*, British Rowing's water safety policy (*available at www.britishrowing.org/upload/files/RowSafe/Complete-v1.pdf*)

I consider myself to have sufficient knowledge, experience, skill and competence to undertake the activities identified above safely, without supervision.

Signed: _____

Date: _____

NOW PASS THIS FORM TO A SQUAD CAPTAIN / COACH / COMMITTEE MEMBER:

I have read the details above and have considered this application and (*tick one of the following*):

- I believe that the member in question possesses an adequate level of knowledge, experience, skill and competence on the water to undertake the activities identified above without supervision and his or her application should be approved; **OR**
- From what I know of the knowledge, experience, skill and competence on the water of the member in question, his/her application should be approved subject to satisfying the Club Water Safety Adviser of their knowledge of the relevant rules / good practice; **OR**
- I do not know enough about the knowledge, experience, skill and competence on the water of the member in question to approve his/her application without an FSC coach, squad captain or the Club Water Safety Adviser assessing their competence on the water; **OR**
- I do not consider that this application should be approved as the member above **requires supervision** when undertaking the activities identified, **lacks sufficient experience** or would for any other reason **risk their own safety or that of FSC members or equipment** if approved.

Signed: _____

Name/role: _____

Date: _____

NOW PASS THIS FORM TO THE WATER SAFETY ADVISER (safety@furnivall.org)