<u>Letter of recommendation for all persons applying for a Safety Consultant /Supervisor grading</u> All letters of recommendation **must** be completed by the referee on this form.

Name of the applicant:			TO SECOND
Name of referee:			
Your contact number:			
Date of your Safety supervisor	Consultant grading:		
Please list the jobs and capacity	in which the applicant has wor	ked for you (please insert more boxes v	vhen necessary):
Production title	Your role	Your role Their role	
		industry – including the consultation ar	
preparation steps required to manage production safety?			YES/NO
Does the applicant have a good understanding of the Film industry safety code and guidelines?			YES/NO
Is the applicant proficient in breaking down scripts to identify potential hazards?			YES/NO
Is the applicant able to attend a location recce and highlight the potential safety hazards?			YES/NO
Can the applicant verbally communicate potential safety hazards?			YES/NO
Can the applicant communicate potential safety hazards in a written report?			YES/NO
Can the applicant communicate how to mitigate or eliminate hazards in a written report?			YES/NO
Can the applicant communicate how to mitigate or eliminate hazards on the spot?			YES/NO
Does the applicant understand when SWMS documents are required and what they should cover?			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
Have you seen the applicant attend a range of safety meetings during their training?			YES/NO
	cteristics that make them suitab on and their understanding of C	ole to work as a Safety Supervisor/Consu OHS protocols?	ultant including
Have you sighted the applicant's grading submission? Do you believe that the requirements to fulfil the grading criteria have been met?			YES/NO YES/NO
Signed:			
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