

Officials Assessment Application

Name (Please Print)	
Address	
Suburb	Ph:
Club	Registration No.
Email	

Assessment required (Please ✓ tick)

Timekeeper	AOD Operator	I.O.T.	J.O.S	Recorder	Starter	Referee

CONSENT

I consent to the collection of the above information for the purposes of carrying out duties as an ASA Technical Official and for this information to be retained, used and disclosed if necessary.
I acknowledge my right to access and correction of this information. This consent Is given in accordance with the Privacy Act 1993.

Technical Applicant Signature:	Date:
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Exam

Date of Assessment:	Theory	Practical
Result:	Theory	Practical
Assessors Name:		
Assessors Signature:		

Issue of Credentials

Date Issued:
Serial No.
Registrars Signature:

Applicant:

Please submit this form along with Technical Logbook or copy of relevant pages.

Sign off Form for Timekeepers/IOT/JOS Assessment



Applicant please list below, meets at which you have received practical experience.

Name of Meet	Date	Signed by: Referee

Please attach to your application form.

P O Box 21241, Henderson

Ph: 448 1480

Email: info@akswim.co.nz Website: www.akswim.co.nz