



SWIMMING CANTRBURY WEST COAST

Application to sit Centre Technical Official's Assessment

Surname

.....

First Names

.....

Address

.....

Home Phone

.....

Mobile

.....

Club

.....

Email

.....

DOB

.....

Reg No

.....

Examination requested (tick)

Inspector of Turns

Judge of Stroke

Starter

Referee

Type of assessment (mark)

Practical

Theory

Summary of experience (in position to be assessed): Please attach attendance card.

.....
.....
.....
.....

Proposed date and venue (of assessment)

.....

To be eligible to sit a Centre Assessment for I.O.T, the minimum age is 16 years.

Recommending Signature

.....

Date

.....

Centre Assessor
(if successful)

.....

Date

.....

NOTE: Recommending Signature must be a member of the Canterbury West Coast Technical Committee or Nationally Qualified Referee.