SWIMMING NZFORM

TECHNICAL OFFICIAL: APPLICATION TO BE ASSESSED FOR QUALIFICATION



training log(s).

USING THIS FORM

- Use this form to apply to be assessed for a technical qualification.
- Information marked with an * can be located on your Fastlane profile.
- Send this form to the SNZ Technical Officials & Volunteer Development Lead at officials@swimming.org.nz

APPLICANT	INFOI	RMATION					
Name:							
Mailing address:							
City / country:							
Email address:							
SNZ Region:							
SNZ Member #:*				Club:			
QUALIFICATION INFORMATION							
Tick the qualification you are applying for:							
ІОТ		Jos		Starter			Referee
Date of completion of e-learning module(s):							
Date of attendance at training seminar (virtual or in-person), if applicable:							
Read code of conduct:		Yes					
National police vetting]: *	Yes Expir	y date o	f national police	vetting*		
TRAINER SIGN-OFF							
I verify that the applicant has reached the required standard to be assessed.							
Trainer name : Print your name clearly.							
Trainer signature:						Date:	
APPLICANT SIGN-OFF & CHECKLIST							
Applicant signature:					Date appli	of cation:	
Check you	Attached	d dates of meet	ts where	you have		Attach	ned any relevant

have:

received training and / or have officiated.