

SWIMMING NZ

Technical Official: Application to be Assessed for Qualification

Name: _____

**Mailing
Address:** _____

Phone No: _____

Email Address: _____

DOB: _____

Region: _____

Club: _____

Existing Qualifications Month/Year

Qualification Requested

**IOT IOT JOS JOS
Starter Starter
Referee Referee**

Date of completion of E-learning module: _____

Date of Attendance of Training Seminar, virtual or in-person: (if applicable)

Dates of Meets where the candidate has received training and/or has officiated

(Training Log(s) to be attached with application)

Read & signed Code of Conduct:

National Police Vetting:

Expiry Date:

Or Date of Application:

Expiry date:

Applicants Signature: _____

Trainers Signature: _____

This is to verify in the trainer's view that the applicant has reached the required standard to be assessed.

Please send this Application Form to the Technical Officials & Volunteer Development Lead SNZ at officials@swimming.org.nz

