

# APPLICATION TO SIT TECHNICAL ASSESSMENT



Inspector of Turns / Starter / Referee  
(please delete as necessary)

Name: \_\_\_\_\_ Club: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Experience:

A minimum of 6 training sessions (all to be within a 12 month period) plus Rule Book familiarisation is required prior to assessment.

Training certified by: \_\_\_\_\_ Convenor

## Assessments

May only take place at Swimming Manawatu Fixtures with Theory to be taken on a one to one basis with the assessor. Candidates will require a clip-board and pen at assessment.

I acknowledge that if I meet the requirements to become a regionally qualified official the following will be expected:

- I will wear white (shirt/top/skirt/trousers/shorts) to officiate at swimming Manawatu Fixtures
- My name and phone number will appear on the Officials list and I accept that I will be required to officiate at Swimming Manawatu Fixtures
- My email address will be held by the Swimming Manawatu Administration to use for communication purposes
- My name and phone number will be included in the officials contact details on the Swimming Manawatu website. (delete this section if permission is denied)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_