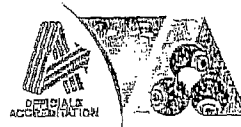


Level Two Application Form: National Umpire

**TICK CURRENT NOAS ACCREDITATION:**

☐ Level 1 National Umpire
☐ Measurer

TICK ACCREDITATION/RE-ACCREDITATION REQUIRED:

☐ Level 2 National Umpire

Type or Print Clearly

TITLE: _____ SURNAME*: _____ GIVEN NAMES*: _____

ADDRESS*: _____ SUBURB*: _____ P/C*: _____

HOME PH*: _____ BUSINESS PH: _____ MOBILE: _____

EMAIL*: _____ DATE OF BIRTH*: ____ / ____ / ____

BOWLS CLUB: _____ DISTRICT: _____

STATE/TERRITORY ASSOCIATION (STA)*: _____

If reaccrediting, did you previously affiliate with the STA above? ☐ Yes ☐ No

If no, which STA did you affiliate with? _____

Current NOAS Details (if applicable):

NOAS NUMBER: BA _____ EXPIRY DATE: ____ / ____ / ____

* If you do not provide the information requested on this form, we may not be able to register you in the NOAS. If you have any privacy concerns or would like to verify information we hold about you, please contact Bowls Australia Inc on 03 9819 2722. I hereby apply for Accreditation under the National Officiating Accreditation Scheme (NOAS).

I acknowledge the information on this form is entered onto the Bowls Australia Inc database of registered umpires. Database information is passed on to relevant State and Territory Associations and the Australian Sports Commission. My information will not be used or disclosed except in accordance with the provisions of the Privacy Act 1988.

SIGNATURE: _____ DATE: ____ / ____ / ____

ENDORSEMENT OF APPLICATION BY DISTRICT

The Committee has no reservations about the suitability of the applicant for umpiring at the level for which application is made.

NAME: _____ SIGNATURE: _____ DATE: ____ / ____ / ____
(District Secretary)

The fees payable are as follows:

Umpire Registration Fee

\$11.00 (Inc GST)

INSTRUCTIONS: These forms should be completed by the applicant and endorsed by the district umpire committee and the completed forms (with cheque made payable to the state or territory association) forwarded to the state umpires committee responsible for conducting this course. Should the candidate fail to be accredited, the Bowls Australia Inc fee will be refunded.

Level Two Assessment Criteria:



APPLICANT: _____

BOWLS CLUB: _____

DISTRICT: _____

ASSESSMENTS

Subject of Assessment	Competency	Date
1. Laws of the Sport		
2. Measuring		
3. Planning		
4. Self Management		

Other requirements	Produced	Date
1. Evidence of Officiating		

Comments: _____

CERTIFICATION

The above applicant has successfully completed the course of accreditation / re-accreditation as a Level 2 National Umpire.

Assessor for State/Territory Umpires Committee:

NAME: _____

SIGNATURE: _____

(Please print)

DATE: ____/____/____

State / Territory Umpires Committee Chairperson:

NAME: _____

SIGNATURE: _____

DATE: ____/____/____