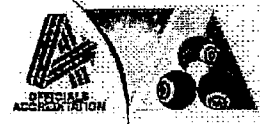


Level One Application Form: National Umpire/Measurer



TICK CURRENT NOAS ACCREDITATION:

- None
 Level 1 National Umpire
 Measurer

TICK ACCREDITATION/RE-ACCREDITATION REQUIRED:

- Level 1 National Umpire
 Measurer

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 reaccrating, 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 have read the attached "Official's Code of Ethics" form and agree to abide by the terms and conditions contained therein as evidenced by my signature thereon.

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 CLUB

The Committee has no reservations about the suitability of the applicant for umpiring at the level for which application is made. The Committee will arrange opportunities for the applicant to practice and prepare for accreditation testing of practical umpiring competence. The Committee will offer the applicant an equitable share of available future club umpiring work to assist with reaccrating every four years. The Committee's recommendation of this application is recorded in the Club minute book.

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

The fees payable are as follows:

Umpire Registration Fee \$11.00 (inc GST)

INSTRUCTIONS: These forms should be completed by the applicant and the club secretary and the completed forms (with cheque made payable to the state/territory association) forwarded to the district umpires committee responsible for conducting this course. The code of ethics form is to be retained by the applicant when the application is lodged. Should the candidate fail to be accredited, the Bowls Australia fee will be refunded less the cost of the Umpires' Handbook.

Level One Assessment Criteria:



APPLICANT: _____

BOWLS CLUB: _____

DISTRICT: _____

ASSESSMENTS

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

Other requirements	Produced	Date
1. Code of Ethics Declaration		
2. Evidence of Officiating		

Comments: _____

CERTIFICATION

The above applicant has successfully completed the course of accreditation / re-accreditation as a Level 1 National Umpire / Measurer (*cross out status not applicable*).

Assessor for District Umpires Committee:

NAME: _____

SIGNATURE: _____
(Please print)

DATE: ____/____/____

District Umpires Committee Chairperson:

NAME: _____

SIGNATURE: _____
(Please print)

DATE: ____/____/____

State / Territory Umpires Committee Chairperson:

NAME: _____

SIGNATURE: _____

DATE: ____/____/____