

National Exam Application Technical Officials



Name: _____

Mailing Address: _____

Home Ph No: _____ Mobile No: _____

Email Address: _____ Fax: _____

Registration No: _____ DOB: _____

Region: _____ Club: _____

Existing Qualification	Centre Month/Year	National Month/Year	Examination Requested
I.O.T			IOT
Starter			Starter
Referee			Referee

Proposed Venue/Date _____

Dates of Regional Meets where candidate has officiated

Recommendation _____ Regional Examiner _____

To be eligible to sit a National Exam the following condition must be met and certified by a Regional Examiner.

Inspector of Turns Regionally qualified and completed minimum of 5 centre/region or sanctioned meets as an Inspector of Turns.

Starter Regionally qualified and completed minimum of 5 centre/region or sanctioned meets as a starter. Prior to application being accepted recommendation from a member of the SNZ Technical Advisory Committee is to be obtained.

Referees Regionally qualified and completed a minimum 5 centre/region or sanctioned meets as a referee. Prior to application being accepted recommendation from a member of the SNZ Technical Advisory Committee is to be obtained.

To sit the National Referees examination the candidate must have passed the National IOT and starters examinations and held the most recent one for minimum of six months.

Please send this Application Form to the Technical Advisory Committee member that covers your region who will contact you to organise your examination day and time.

Upper North Island	Central North Island	Lower North Island	Upper South Island	Lower South Island
Ross Bragg P.O. Box 125212 St Heliers Auckland 1740 Ph: 09 521 1326 ross_bragg@xtra.co.nz	Dave Beattie 201 Kauri Road Onewhero R.D.2 Tuakau Ph: 09 630 8062 Fax: 09 630 8061 beattie@ps.gen.nz	Bill Matson 3 Maple Lane Waikanae Ph: 04 293 3817 Fax: 04 293 3787 matsons@xtra.co.nz	Lesley Huckins 12 Villa Grove\Upper Riccarton Christchurch Ph: 03 343 1320 huckinz@xtra.co.nz	Lyn Sutherland 7 Moana Street Invercargill Ph: 03 217 4961 lyn.suth@xtra.co.nz

Office use only

Enrolment form received _____ Pass slip received in office _____

Date Examiner Advised _____ Badge and letter sent _____