

# TECHNICAL PANEL

Application for Technical Official Assessment



## CONTACT DETAILS

Mr  Mrs  Ms  Miss

Surname

First Name  Middle Name(s)

Address

Phone  Mobile Number

Email

Club  Registration No

Date of Birth

## ASSESSMENT REQUESTED

IOT Practical  Theory

JOS Practical  Theory

Starter Practical  Theory

Referee Practical  Theory

## EXISTING QUALIFICATIONS

	Regional	National
IOT	<input type="text"/>	<input type="text"/>
Starter	<input type="text"/>	<input type="text"/>
JOS	<input type="text"/>	<input type="text"/>
Referee	<input type="text"/>	<input type="text"/>

## PROPOSED DATE & VENUE

Venue  Date

Club Verification Signature  Date

Regional Assessor  Date

Added to the SNZ Database Yes  No

## SEND THIS FORM TO

Cherie McCleery, Swimming Waikato Executive Officer  
E: [cherie@swimmingwaikato.co.nz](mailto:cherie@swimmingwaikato.co.nz) T: 07 834 4289