

## Officials Assessment Application

<b>Name</b> (Please Print)	
<b>Address</b>	
<b>Suburb</b>	<b>Ph:</b>
<b>Club</b>	<b>Registration No.</b>
<b>Email</b>	

### Assessment required (Please tick)

Timekeeper	AOD Operator	I.O.T.	Recorder	Starter	Referee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### CONSENT

I consent to the collection of the above information for the purposes of carrying out duties as an ASA Technical Official and for this information to be retained, used and disclosed if necessary.  
I acknowledge my right to access and correction of this information. This consent is given in accordance with the Privacy Act 1993.

Technical Applicant Signature:	Date:
--------------------------------	-------

### Exam

Date of Assessment:	Theory	Practical
Result:	Theory	Practical
Assessors Name:		
Assessors Signature:		

### Issue of Credentials

Date Issued:
Serial No.
Registrars Signature:

### Applicant:

Please submit this form along with Technical Logbook or copy of relevant pages.

