****

**TECHNICAL OFFICIALS REGISTRATION FORM**

**(EXPRESSION OF INTEREST)**

|  |
| --- |
|  |

**I hereby wish to apply to be accredited as a WPA Technical Official**

**WERE YOU PREVIOUSLY ACCREDITED BY WPA?**

**YES: NO: WHAT YEAR:**

|  |
| --- |
| **Personal details** |
| **Surname:**  |  |
| **First names:** |  |
| **ID No/Passport No:** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date of Birth:** | **y** | **y** | **y** | **y** | **/** | **m** | **m** | **/** | **d** | **d** |  |  |  |
| **Home Language:** |  |
| **Gender:** | **Male:**  |  |  **(Please tick one) Female:** |  |
| **Current Club:** (Provide proof)  |  |
| **Contact details** |
| **Residential Address:** | **Street:** |  |
|  | **Suburb:** |  |
|  | **Town:** |  |
|  |  **Postal Code:** |  |  |  |  |
| **Postal Address:** |  |
|  |  |
|  |  |
|  |  **Postal Code:**  |  |  |  |  |
| **Contact details****(Complete at least one)** |
| **Home tel number:** | **Area code:**  |  |  |  |  **No:** |  |  |  |  |  |  |  |
| **Work tel number:** | **Area code:**  |  |  |  |  **No:** |  |  |  |  |  |  |  |
| **Fax number:** | **Area code:**  |  |  |  |  **No:** |  |  |  |  |  |  |  |
| **Mobile number:** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Email address: (1)** |  |
| **Email address: (2)** |  |
| **Next of Kin:** |  |
| **Contact Number:** |  |  |  |  |  |  |  |  |  |  |  |  |  |

**QUALIFICATION LEVEL:**

**ASA LEVEL 1 ASA LEVEL 2**

**IAAF LEVEL 1 IAAF LEVEL 2 IAAF LEVEL 3**

|  |
| --- |
| **SPECIALISING: (Please tick the appropriate box)** |
| **Starting** |  |
| **Combined Events** |  |
| **Electronic Timing** |  |
| **Assizing** |  |
| **Track & Field** |  |
| **Course Measurer** |  |
| **Race Walking** |  |
| **Road Running** |  |
| **Cross Country** |  |
| **Timing (RR)** |  |

|  |
| --- |
| **BANKING DETAILS** |
| **Name of Account Holder:** |  |
| **Bank:** |  |
| **Account No.:** |  |
| **Branch Name** |  |
| **Branch Code** |  |
| **Type of Account:** |  |

**How many years have you been involved with WPA?**

**Golf Shirt Size**

**Signature: Date:**