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**TECHNICAL OFFICIALS REGISTRATION FORM**

**(EXPRESSION OF INTEREST)**

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

**WERE YOU PREVIOUSLY ACCREDITED BY WPA?**

**YES: NO: WHAT YEAR:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **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:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **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**

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| **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:**