



Australian Government
Australian Sports Commission



ATTACHMENT K

LEVEL 1 PRACTICAL OFFICIATING RECORDING FORM

Name: _____

Address: _____

Post Code: _____

E-mail : _____ Phone: _____

Course Date : _____ Course Presenter : _____

Course Venue : _____ State: _____

Supervisor Details are as follows:

Name: _____

Address: _____

Post Code: _____

E-mail: _____ Phone: _____

SA ID: _____ Level: _____

SUPERVISED PRACTICAL OFFICIALING EXPERIENCE (Minimum 10 hours)

Date	Activity & Venue	Hour	Signed (supervisor)

(Please record 'Unsupervised Hours' on the reverse side)

UNSUPERVISED PRACTICAL OFFICIALING EXPERIENCE (Minimum 20 hours)[illegible]

NOTE: IF YOU ARE USING MORE THAN ONE SUPERVISING OFFICIAL YOU WILL NEED TO PROVIDE DETAILS FOR EACH.

Skate Australia Membership Number: _____

Office Use Only

Date Received: ____ / ____ / ____ Further Action Required: _____

Date forwarded to ACC: ____ / ____ / ____ Result: _____