Application Forms for Accreditation as an International Technical Official

A document explaining the World Bowls policy and procedures for the accreditation of International Technical Officials (titled 'Accreditation of International Technical Officials') is available in the Umpire Development section of the World Bowls website.

Applicants must meet the following qualifying criteria

- have actively officiated for a minimum period of three years. That is, have officiated annually in at least five events at any level for a combined total of at least thirty hours per year.
- have officiated as an umpire in at least two International / National / National Division (State / County / Province / Region) events in the two years immediately prior to the date of application.
- have officiated as a marker during the quarter-final, semi-final or final stages of at least two International / National Division (State / County / Province / Region) events in the two years immediately prior to the date of application.

Applicants should

- complete the Application Form and the Officiating Experience Form provided overleaf.
- send the forms to their National Umpiring Body and then to their National Authority along with an Endorsement of Application Form.

The National Umpiring Body and the National Authority should

- check that the applicants meet the qualifying criteria described above
- check that the information supplied in the application forms is correct
- complete the appropriate section of the Endorsement of Application Form.

The National Authority should send all completed forms to

Chief Executive

World Bowls

Sportscotland

Caledonia House

1 Redheughs Rigg

South Gyle

Edinburgh

EH12 9DQ

Scotland

Email: worldbowls@btconnect.com

Telephone: (+44) 131 317 9764

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International Technical Official Accreditation

Application Form

Reason for	First-time	Renewal of existing	Re-sitting the
application	application	certificate	assessment
(tick relevant box)			

If renewing an existing certificate, please enter the certificate number and date.
If re-sitting the assessment, please enter the date of the previous unsuccessful assessment.
TITLE: SURNAME:
GIVEN NAMES:
ADDRESS:
SUBURB: POST CODE:
COUNTRY:
BOWLS NATIONAL AUTHORITY:
HOME PHONE:
BUSINESS PHONE:
MOBILE PHONE:
EMAIL ADDRESS:
DATE OF BIRTH: /
DATE QUALIFIED AS AN UMPIRE: /
I apply for accreditation as an International Technical Official.
In doing so, I accept that the information supplied by me on this form will be recorded on a World Bowls' database of prospective and accredited International Technical Officials. I also acknowledge that the information will not be used by, or disclosed to, anyone except for the purposes for which it has been supplied
SIGNATURE:
DATE: /

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International Technical Official Accreditation – Officiating Experience Form

I confirm that, in the past two years, I have officiated at the following International / National / Division events as an umpire and as a marker during the quarterfinal, semi-final or final stages.

(Please enter in the 'Details' column for each event either the number of hours you officiated as an umpire or the names of the stages in which you officiated as a marker.)

INTERNATIONAL EVENTS

Event	Date	Umpire / Marker?	Details

NATIONAL EVENTS

Event	Date	Umpire / Marker?	Details

NATIONAL DIVISION EVENTS (State / County / Province / Region)

Event	Date	Umpire / Marker?	Details

Also I confirm that, during the past three years, I have officiated annually in at least five events for a combined total of at least thirty hours per year and that I am able to provide my National Umpiring Body / National Authority with details of these if requested to do so.

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International Technical Official Accreditation – Endorsement of Application Form

National Umpiring Body

On behalf of the National Umpiring Body forapplicant meets the required qualification criteria and the applicant to apply for accreditation as an Internatiof my knowledge, the information supplied in the app	l we have no reservations concerning the suitability of onal Technical Official. I also confirm that, to the best
NAME:	POSITION:
SIGNATURE:	DATE:
National Authority On behalf of the National Authority for	
NAME:	POSITION:
SIGNATURE:	DATE:

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