



UMPIRE & MENTOR NOMINATION FORM 2017

NOMINATIONS ARE NOW OPEN FOR ALL INTERESTED PARTIES TO NOMINATE FOR AN UMPIRING POSITION LISTED BELOW

Indicate Level:

Panel Umpire

Academy Umpire

Mentor

Nominee Details						
Name:	*	Email Address:		*		
Phone Number (AH)		Mobile Number:		*		
Address:	*					
Referee Details						
Referee Name (1):	*	Email Address:		*		
Phone Number (AH)		Mobile Number:				
Address:						
Referee Name (2):	*	Email Address:		*		
Phone Number (AH)		Mobile Number:				
Address:						
Details of Preferred Days, Times ,Games & Availability						
Day/s	Friday	Saturday	Sunday	Morning	Afternoon	Evening
Games	Junior	A 1	A2	A3	A4	Other
Availability	Weekly	Monthly	Other (please state)			

All sections marked * must be completed for the nomination to be considered

POLICY GUIDELINES FOR THA APPOINTMENTS

THA is committed to the health, safety and well-being of all its player, coach, managers, umpires and match officials and is dedicated to providing opportunities to all, that enhance physical, intellectual and social development. THA is therefore committed to provide a safe environment for all participants.

All umpires and match officials have a responsibility to provide safeguards dedicated to the well being of all players and members.

Abuse is not wholly exclusive to physical, emotional, psychological and social abuse or harassment. These forms of behaviour will not be tolerated and are unacceptable. The abuse of a player or an official by other players, members or officials or external sources is not acceptable. THA encourages all incidents of such abuse to be reported immediately to the appropriate authorities.

All personnel involved in the conduct of THA umpiring activities, no matter whether such personnel be permanently employed, part time, casual or volunteers, must supply at the time of nomination on the THA umpire nomination form, at least two (2) referees and apply for or complete a suitability notification form (or confirm a suitability notice).

NOTE: At all times the results of any such security checks will remain confidential.

Please submit nominations to: Chair, Toowoomba Hockey Committee
PO Box 9042, Wilsonton Q 4350
Email: office@toowoombahockey.com.au

CLOSING DATE 11th November 2016
(Nominations received via email preferred, but not essential)

For further information, please contact THA Hockey Committee or THA Reception

SUITABILITY NOTIFICATION

BLUE CARD, PLAY BY THE RULES & DRIVERS LICENSE

The nominee is required to provide a copy of their current suitability notice details.

Blue Card/ Registration Number:	*	Expiry Date:	*
Drivers License Number:		Expiry Date:	
Play by the Rules Certificate/s:	*	Date copy submitted to office:	*

NOMINEE'S EXPERIENCE

Please list below all relevant experience with most recent first (*community/academy/ panel – club or organization*)

Date/ Year	Position Held	Local/State/National Team
*	*	*

Personal Qualities

Please list any relevant **personal qualities/goals** you feel may be **relevant to this position**.

***** Accreditation *****

Please list any **relevant accreditations, levels and dates..**

_____ / ____ / ____
Name (please print) Signature Date

Office Use Only

Nomination Received: ____ / ____ / ____	Referee/s Check: ____ / ____ / ____ _____ (signature)	<input type="checkbox"/> Approved _____ / ____ / ____ <input type="checkbox"/> Not Approved Nomination Notified: ____ / ____ / ____ _____ (signature)
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Comments: