



Referees Form 2018 Season

Team Name: _____

Division: _____

Please list all referees who wish to receive matches to officiate this season so that they can be included on the Official Referees List

All referees must be registered with the Referees Secretary so that they can be called upon to officiate this season and **only** be registered with one team.

Referees must be aged 16 or over.

All referees must attend appropriate safeguarding and protecting children training and adhere to the League's Policy for the Protection of Children and Vulnerable Adults Policy.

Referees will be allocated a share of matches to officiate which may include cup matches.

The Referees Secretary will make every effort to accommodate requests for preferred nights, however this cannot be guaranteed.

- Teams in Divisions 1-5 must nominate at least 2 referees.
- Teams in Divisions 6 must nominate at least 1 referee & 1 Trainee Referee (Once qualified you may be called upon to referee).
- Teams in Divisions 7 must nominate at least 1 Trainee Referee (Once qualified you may be called upon to referee).
- New Teams will be exempt from nominating a Trainee Referee for their first season.

Referees do not have to be players; however they must have a good level of understanding of the rules and be able to attend training sessions.

Independent referees should be registered with the league in order that they can access the benefits of league insurances.

You can add referees to the Official List at any time by sending their details to the Referee's Secretary.

Please ensure that each Referee listed below has at least 1 valid contact number they can be reached on at any time. A valid email must also be provided.

All nominated referees are required to individually sign this form.

Referee 1

Name:	Indicate if more training is required Yes <input type="checkbox"/>	Indicate if Trainee Yes <input type="checkbox"/>
Address:		
Tel No's (day)		(evening)
Email address (must be provided):		
Availability (please indicate): Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/>		
How many Years have you been refereeing? <input type="checkbox"/> Years	Do you work shifts? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please advise Shift Pattern)	
Are you willing to mentor other referees? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have Transport? Yes <input type="checkbox"/> No <input type="checkbox"/> If No please list areas/grounds available to you	
PLEASE ADVISE THE REFEREE'S SECRETARY OF ANY HOLIDAYS THAT WILL AFFECT YOUR ABILITY TO REFEREE DURING THE PLAYING SEASON.		
Holidays:		
Referees Signature:	Print Name:	Date:



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Referee 2

Name:	Indicate if more training is required Yes <input type="checkbox"/>	Indicate if Trainee Yes <input type="checkbox"/>
Address:		
Tel No's (day)		(evening)
Email address (must be provided):		
Availability (please indicate): Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/>		
How many Years have you been refereeing? _____ Years	Do you work shifts? (Please advise Shift Pattern)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to mentor other referees? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have Transport? If No please list areas/grounds available to you	Yes <input type="checkbox"/> No <input type="checkbox"/>
PLEASE ADVISE THE REFEREE'S SECRETARY OF ANY HOLIDAYS THAT WILL AFFECT YOUR ABILITY TO REFEREE DURING THE PLAYING SEASON.		
Holidays:		
Referees Signature:	Print Name:	Date:

Referee 3

Name:	Indicate if more training is required Yes <input type="checkbox"/>	Indicate if Trainee Yes <input type="checkbox"/>
Address:		
Tel No's (day)		(evening)
Email address (must be provided):		
Availability (please indicate): Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/>		
How many Years have you been refereeing? _____ Years	Do you work shifts? (Please advise Shift Pattern)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to mentor other referees? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have Transport? If No please list areas/grounds available to you	Yes <input type="checkbox"/> No <input type="checkbox"/>
PLEASE ADVISE THE REFEREE'S SECRETARY OF ANY HOLIDAYS THAT WILL AFFECT YOUR ABILITY TO REFEREE DURING THE PLAYING SEASON.		
Holidays:		
Referees Signature:	Print Name:	Date:

Signed:

Print Name:

Date:

(must be 18 years or over and must be Secretary or Captain of the above named team)