

**Please provide the information requested to the best of your recollection. Numbers of bouts judged/refereed are your best estimate only.**

**PERSONAL DETAILS**

SURNAME		GIVEN NAME	
PREFERRED NAME		DATE OF BIRTH	
POSTAL ADDRESS			
CITY/TOWN		POSTCODE	
HOME PHONE		MOBILE PHONE	
EMAIL ADDRESS			
AUST. CITIZEN (Y/N)?		OR SPECIFY COUNTRY	
PASSPORT DOC. NO.		PASSPORT EXPIRES	

**STATE/TERRITORY ACCREDITATION DETAILS**

PLACE EXAMINED		DATE EXAMINED	
EVENT		EXAMINERS NAME(S)	
DATE ACCRED JUDGE		DATE ACCR'D REFEREE	
EXAMINED & JUDGING ASSESSED USING COMPUTER SCORING SYSTEM (Y/N)?			

**AUSTRALIAN ACCREDITATION DETAILS**

PLACE EXAMINED		DATE EXAMINED	
EVENT		EXAMINERS NAME(S)	
DATE ACCRED JUDGE		DATE ACCR'D REFEREE	

**OCEANIA ACCREDITATION DETAILS**

PLACE EXAMINED		DATE EXAMINED	
EVENT		EXAMINERS NAME(S)	
DATE ACCRED JUDGE		DATE ACCR'D REFEREE	
DATA LAST QUAD TEST		PLACE LAST QUAD TEST	

**AIBA ACCREDITATION DETAILS**

PLACE EXAMINED		DATE EXAMINED	
EVENT		EXAMINERS NAME(S)	
DATE ACCRED JUDGE		DATE ACCR'D REFEREE	
DATA LAST QUAD TEST		PLACE LAST QUAD TEST	

**PLEASE COMPLETE THE HISTORY ON THE SECOND PAGE OF THIS FORM.**

**RETURN THE FORM BY EMAIL WITH AN ATTACHED DIGITAL PHOTO TO  
RJCOMMITTEE@BOXING.ORG.AU, OR BY POST WITH A PASSPORT PHOTO INCLUDED TO RJ  
COMMITTEE, BOXING AUSTRALIA, 375 ALBERT ROAD, ALBERT PARK, VIC 3206**

