

BOXING AUSTRALIA LTD

NATIONAL REFEREE/JUDGE ACCREDITATION NOMINATION FORM

CANDIDATE REFEREE/JUDGE

Name				
Address				
Telephone	Home		Mobile	
Email				

EVENT TO BE TESTED AT:

Title/Venue	
Date(s)	

RECORD BOOK INFORMATION

State/Territory Membership						
State R/J Accreditation/Level	Judge			Referee		
National Test Level Sought	Judge			Referee		
Annual Medical Examination – Fit?	Yes			No		
Recent R/J Seminar Attended	Date		Venue		OIC	
Assessed Competent as a Weigh Steward	Date		Venue		OIC	
Assessed Competent as a Gloving Steward	Date		Venue		OIC	
Assessed Competent as a Timekeeper	Date		Venue		OIC	
Judged a minimum of 30 Bouts	Date		Venue		OIC	
Refereed a minimum of 30 Bouts	Date		Venue		OIC	
Recent Record of Assignments – State Level	Date		Venue			
	Date		Venue			
	Date		Venue			
	Date		Venue			
	Date		Venue			
State RJ Coordinator Recommendation	Yes	No	Sign: _____			Date: _____

BAI RJ Committee use:

- Assessors appointed? _____
- Assessor's recommendation? _____