

Marshal / Clerk of Course / Check Starter Log Sheet



Name: _____ Club: _____ Club Code: _____

Address: _____ Town: _____ Post Code: _____

State: _____ Phone: _____ E-mail: _____

Date of Course: ____ / ____ / ____ Course No: _____ AUSSI No: _____ Technical ID No : _____

To apply for accreditation in this position you must be assessed by a direct supervisor as competent in each of the activities listed below under competencies.

Assessment must be done a) twice for each activity b) only after attending the formal course.

The supervisor must be an accredited Marshal / Check Starter and must mark each box with one of the following

C= Competent R= Review N/A= not applicable

Marshal / Clerk of Course / Check Starter competencies	Performance Mark each box C, R or N/A	Performance Mark each box C, R or N/A	Performance Mark each box C, R or N/A	Performance Mark each box C, R or N/A	Performance Mark each box C, R or N/A	Performance Mark each box C, R or N/A
Liaised with Announcer to call swimmers						
Marshalled a heat seeded event (where applicable to branch)						
Deck seeded an event (where applicable to branch)						
Assembled relay teams in heats						
Collected swimmers from Marshalling Area where applicable						
Checked swimmers in their correct heat and lane						
Re-Checked swimmers after false start (only where there was one)						
Liaised with Referee / Recorder re missing swimmers if applicable						
Date:						
Type of Meet:						
Supervisor's Signature						
Print Supervisor's Name Must be an accredited Marshal						

WHEN ALL COMPETENCIES HAVE BEEN DEMONSTRATED, PLEASE SEND TO:

(Insert Address)

TO BE COMPLETED BY MSA BRANCH:

The above official has (please tick):

- Completed the appropriate technical unit(s);
- Demonstrated all competencies at a meet; **and**
- Signed an Officials Code of Ethics Agreement Form

Branch Technical Officer's Signature

Date