

Judge of Strokes Log sheet



Name: _____ Club: _____ Club Code: _____

Address: _____ Town: _____ Post Code: _____

State: _____ Phone: _____ E-mail: _____ DOB: _____

Date of Course: ____ / ____ / ____ Course No: _____ Member 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) 3 times for each activity b) by a different supervisor for each of the three times and c) only after attending the formal course

The supervisor must be an accredited Referee and must mark each box with one of the following

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

Judge of Strokes	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
Concentrated on duties (not distracted)						
Asked relevant questions						
Demonstrated ability to relate DQ Code sheet to the following						
Freestyle						
Backstroke						
Breaststroke						
Butterfly						
Individual Medley						
Freestyle Relay						
Medley Relay						
Completed Infringement Report						
Date:						
Type of Meet:						
Supervisor's Signature:						
Print Supervisor's Name: Must be accredited referee						

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 the required competencies; **and**
- Signed an Officials Code of Ethics Agreement Form

Branch Technical Officer's Signature _____

Date _____