# APPLICATION FOR EXAMINATION AS ANIWBF WHEELCHAIR BASKETBALL REFEREE

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| **Application for Level:** | **Zonal License**  |[ ]  **International License** |[ ]

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| **SECTION 1: PERSONAL DETAILS OF APPLICANT** |
| **Surname:** |       | **Picture upload:** |
| **Given name:** |       |  |
|  | **Mr.** |[ ]  **Mrs.** |[ ]  **Ms.** |[ ]   |
| **Date of Birth:** | Click or tap to enter a date. |  |
| **Address:** |       |  |
| **City:** |       |  |
| **Country:** |       |  |
| **Telephone:** |       | **(home)** |  |
|  |       | **(mobile)** |  |
| **E-mail:** |       |  |

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| **SECTION 2: BASKETBALL EXPERIENCE** |
| **Able bodied:** |
| **Level of Certificate:** |       |
| **Years of experience:** |       |
| **Still active:** | **Yes** |[ ]  **No** |[ ]
| **Wheelchair:** |
| **Years of experience** |       |
| **Number of games in 12 months before examination** |       |

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| **SECTION 3: NATIONAL ORGANISATION GOVERNING WHEELCHAIR BASKETBALL APPROVAL** |

I       as the person responsible for the conduct of wheelchair basketball / sport in       declare that the person making this application on this form, has adhered to the criteria required, and has the approval of this Federation / Association, to be examined as a referee on Wheelchair Basketball level:       (Zonal / International).

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|  |  |       |  |       |
| (signed) |  | (name) |  | (title) |

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| Address of NOWB: |       |
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| **SECTION 4: WILL BE FILLED BY IWBF** |
| **Application received by IWBF Secretariat:** |       |
| **IWBF Zone to be in charge for examination:** |       |
| Remarks of Zone Administration: (use Text field below) |
|       |

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| **APPLICATION FORM TO BE FILLED IN AND FORWARDED TO:** | **IWBF Secretariat ‘Operations’**Referee DepartmentMr. Damir KunosicVia email : damir.kunosic@iwbf.org |