# APPLICATION FOR EXAMINATION AS AN IWBF 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 Department  Mr. Damir Kunosic  Via email : damir.kunosic@iwbf.org |