

DSQV REFEREES Information Sheet

Please answer fully (and honestly!)

Name		Date of birth	
Address		Nationality	
		Male/Female	
		Tel Home	
Postal code		Tel Work	
Town		Fax	
Country		E-mail	
Association			

EXPERIENCE	Other than WSF referees																						
National	<input type="checkbox"/>	PSA experience	<table border="1" style="display: inline-table;"> <thead> <tr> <th>Ref</th> <th>Mark</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Ref	Mark																		
Ref	Mark																						
County	<input type="checkbox"/>	Top 50 (both players)	Last two PSA/WISPA matches refereed																				
Other	<input type="checkbox"/>	Top 100																					
		WISPA experience	Tournament																				
		Top 10 (both players)	date																				
		Top 30	round																				
		Top 50	players a)																				
			beat b)																				
E.T.C. experience	<input type="checkbox"/>		Tournament																				
Number of events	<input type="checkbox"/>		date																				
Were you			round																				
Team leader	<input type="checkbox"/>		players a)																				
Referee of final	<input type="checkbox"/>		beat b)																				
Referee of semi-final	<input type="checkbox"/>																						
Referee of other	<input type="checkbox"/>																						
Marker only	<input type="checkbox"/>																						
		Your last Assesment	Name of assessor																				
			Date																				
			Player a)																				
			Player b)																				

Have you ever taken part in an ETC. referee's school	yes	no	N° of times													
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>													
Would you be interested in participating	<input type="checkbox"/>	<input type="checkbox"/>		Do you have a copy of the 2001 rules In English In your own language The guidelines In English In your own language												
Themes you wish to work on				yes no <table border="1" style="display: inline-table;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>												
The role of the Marker	<input type="checkbox"/>	<input type="checkbox"/>														
The role of the Referee	<input type="checkbox"/>	<input type="checkbox"/>														
The Rules	<input type="checkbox"/>	<input type="checkbox"/>														
Controlling a match	<input type="checkbox"/>	<input type="checkbox"/>														
English for referees	<input type="checkbox"/>	<input type="checkbox"/>														
				Standard of English Mother tongue Good conversation I understand Poor												
				<table border="1" style="display: inline-table;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>												