**REFEREE’S REPORT FORM TO REGIONAL LICENSING OFFICER**

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| This section to be completed by the **Meet Organiser** |
| Club & Meet Name |  Nottinghamshire Sports Centre League |
| Venue (Pool & Town) |   |
| Date |   |
| Organiser |   |
| Name & Address of Regional Licensing Officer for return of this form. |  John Hidle 70 Sandringham Road, Sandiacre, Nottingham, NG10 5LD |

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| This section to be completed by the **Referee** within 5 working days of the competition. |
| CHECK REQUIRED | TICK | COMMENTS |
| **Pool-** Depth of water at starting end. Water temperature |  |  |
| **Equipment**: Starting blocks, Anti-turbulence lane ropes, Backstroke turn indicators, Backstroke starting ledges, Secondary strobe |  |  |
| **Announcements/Acoustics:** Clarity, Safety announcements: made before each warm-up and session. |  |  |
| **Warm-Up**: Adequate provision and marshalling. |  |  |
| **Electronic Timing**: Indicate type and any issues. |  |  N/A |
| **General Organisation**: Competence of Staff |  |  |
| **First Aid:** Adequate provision for and recording of accidents/incidents. |  |  |
| **General**- Air Temperature & humidity Poolside refreshments provided |  |  |
| LENGTH OF SESSIONS (Hours & Minutes) |
| 1) | 2) | 3) | 4) | 5) |
| 6) | 7) | 8) | 9) | 10) |
| *If officials worked for longer than 3 hours without a 15 minute break, please indicate any reasons for the excess periods. Please add any other relevant comments and/or general observations for the attention of the Regional Licensing Panel on the reverse of this form.* |
| I confirm that the published Criteria in relation to the number and level of qualification of Officials for this Level of Meet were met.Referee Signature………………………….Print Name….………………………………..Membership No………………..… |