



Umpires Course and Exam Application Form

The attached Application form may be used by those wishing to apply to take the course and examination to become a newly qualified Club Umpire.

It may also be used by existing umpires wishing to further their careers by upgrading to a higher grade (County/National) Umpire.

Whatever you are applying to achieve may I, on behalf of the EPA Umpires Commission, wish you every success in your endeavours.

Please read the following notes below before completing the application:

- Please use Block Capitals to complete the form
- Select the training level required, and enclose the correct payment.
- ALL applications must be endorsed on page two.
Please ensure this page is completed by the relevant person before returning the application form
- Upgrade candidates **MUST** provide a list of duties performed at their current grade.
- Please complete the Voluntary Disclosure form on page three.

Robert Parker

Chair - Umpires Commission



Umpires Course and Exam Application Form

APPLICANT DETAILS (Please complete in BLOCK CAPITALS)

Full Name: Mr/Mrs/Miss/Ms

Address: _____ Date of Birth: DD / MM / 19

_____ Telephone No.: _____

Post Code: _____ Mobile No. _____

Email Address: _____

Please state any disabilities: (The EPA does not discriminate against age or disability)

Club _____ Region _____

TRAINING LEVEL (please select the training level required)

- Application for initial training as CLUB Umpire (2 years playing experience required) £25
- Application for upgrade to COUNTY Umpire (2 years experience as Club Umpire required) £20
- Application for upgrade to NATIONAL Umpire (2 years experience as County Umpire required) £20

All applications should be endorsed on page two.

Upgrade applications should be accompanied by a list of duties carried out at current grade

Signature _____ Date _____

Please post both pages of completed application form and the Voluntary Disclosure form together with cheque for the correct amount made payable to English Pétanque Association:

**Mr R. Parker, Chair – Umpires Commission
90 London Road, Rayleigh, Essex, SS6 9LD**

OFFICIAL USE ONLY						
Candidate Number			Candidate Region			
Course						
Date	DD / MM / 20		Comments			
Venue						
Tutors Signature						
Examination						
Date	DD / MM / 20		Result	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	%
Venue			Examiners Signature			
Qualification						
Certificate Expiry	DD / MM / 20		Grade	Club Umpire <input type="checkbox"/>	County Umpire <input type="checkbox"/>	
Re-Assessment	1 year <input type="checkbox"/>	4 Year <input type="checkbox"/>		National Umpire <input type="checkbox"/>		

ENDORSEMENTS

Club Umpire (Endorsed by your Club Umpire & Chairman or Secretary)

In our opinion, the applicant is suitable to become a Club Umpire and has at least two years experience as a player.

	Name	.....	Address	.....
1	Name of Club	.....		.....
	Office held in Club	.....		.....
	Signed	.....	Tel. No.	.....
2	Name	.....	Address	.....
	
	Signed	.....	Tel. No.	.....

County Umpire (Endorsed by your Regional Umpire & Regional President or Secretary)

In our opinion, the applicant is suitable to become a County Umpire and has at least two years experience as a Club Umpire.

	Name	.....	Address	.....
1	Name of Club	.....		.....
	Office held in Club	.....		.....
	Signed	.....	Tel. No.	.....
2	Name	.....	Address	.....
	Name of Club	.....		.....
	Office held in Club	.....		.....
	Signed	.....	Tel. No.	.....

National Umpire (Endorsed by your Regional Umpire & President or Secretary)

In our opinion, the person above is suitable to upgrade to National Umpire and has at least two years experience as a County Umpire.

Name	.....
Office held in	.....
Region	.....
Comments (continue on separate sheet)	

Signed

Name	.....
Office held in	.....
Region	.....
Comments (continue on separate sheet)	

Signed



Voluntary Disclosure Declaration

In order to comply with the requirements of the Children & Vulnerable Adults legislation, please complete the following Voluntary Disclosure:

Do you currently have a valid DBS certificate?	Yes / No	If "no" please complete the section below
If Yes, please provide:	Disclosure Certificate Number :	.....
Date of Issue :		.....
Issuing (Umbrella) Body to DBS:		.....
Post for which DBS Issued for:		.....

Have you any previous experience in working with Children and/or Vulnerable Adults?	Yes / No
If Yes, please describe	
.....	
.....	
.....	
Have you ever been convicted of a criminal offence, or been the subject of a Caution or Bind Over Order?	Yes / No
If Yes, please state the nature & date(s) or the offence(s)	
.....	
.....	
.....	
Have you ever been subject to any disciplinary action or sanctions relating to the abuse of children or other vulnerable people, eg disabled?	Yes / No
If Yes, please give details	
.....	
.....	
.....	

You are required to self certify, by signing below, that you are not known to ANY Social Services Department as being an actual or potential risk to children & that you have not been disqualified or prohibited from having contact with children & the vulnerable. We reserve the right to refer your details for verification to the Criminal Records Bureau / Police / Social Services

Signature Date