

RACE OFFICER APPLICATION FORM

Type of Boat

Raced

| Type of Application (Delete as appropriate) | | | | | | | | | | | | | |
|--|-------------------|--------------|---|------------------------------------|-------------------|------------|-----------|-------------|------------|-------------|----------------|---------------|---------|
| Regional / National | | | | | Initial / Renewal | | | | | | | | |
| Person | Personal Details | | | | | | | | | | | | |
| Surname | | | | Salutation (Mr/Mrs/Miss/Ms/etc) | | | | | | | | | |
| Forena | me(s) | | | | | | | | | Date | of Birth | | |
| Full Add (including and Cou | ng Tov | | | | | | | | | | | | |
| Postco | de | | | | | Club(s |) | | | | | | |
| (you must | | | ımber | | | | | | 'A Regi | | | | |
| Home T | eleph | none: | | | | | Mob | ile 1 | Telepho | ne: | | | |
| E-mail (you must i | have en | nail access) | | | | | | | | | | | |
| GBR Pa | asspo | rt Holde | er or pri | ncipal | resid | ence i | n the l | JK | YES | / NO (C | elete as appr | opriate) | |
| Somina | If this is | o two dov | oominor w | ith 2 instr | uotioro (| P to 20 of | udonto or | nd on | ovominoti | on for the | as not provise | ioly gualifia | ad |
| Seminar this is a two day seminar with 2 instructiors, 8 to 20 students and an examination for those not previously qualificed | | | | 3 0 | | | | | | | | | |
| Seminar National / Regional (delete as appro | | approprite | e) | | | | | | | | | | |
| Place | | | | | | | | | Date | | | | |
| Instructo | ors | | | | | | | Exam % Mark | | | | | |
| Qualific | ation | e | | tick | | | | | tick | | | | tick |
| Qualific | | | | | | | IION | | | | | | |
| | VHF | | | Powe | er Boat | 2 | | | Safe | ety Boat | | | |
| Other R Specify lev | | | | | | | | | | | | | |
| Confe | erences | differ from | a seminar | in that the | ere is littl | e formal t | eaching | and it | is often m | nultidiscip | linary (with R | Os iudaes | etc) |
| | | | I teaching and it is often multidisciplinary (with ROs, judges, etc) Regional Conference | | | | | , | | | | | |
| Place | | | | | | | Place | | | | | | |
| Date | | | | | | Date | | | | | | | |
| | | | | | | | | | | | | | |
| Racing | | rience | | | | | | | | | _ | | |
| Years | | _ | ivno of E | Poot | | | | | | Club / | Open Mee | eting / Na | ational |

/ International (Delete as appropriate)

Course Type: Offshore (OFF)

Round the Cans (RTC) Windward/Leeward (W/L)

Trapezoid (TRAP)
Sausage Triangle (ST)

Roles: Mentor supervising a race officer less experienced than yourself (MEN)

Race Officer in charge of racing (RO)

Deputy Race Officer (DRO)

Race Officer Assistant in charge of Finish or Pin End boat (ROA)

Mark Layer (ML)

Mark Layer Crew (MLC)

Other role in the race management team (RMT).

List here your 4 most challenging events in the last 4 years

Please use the abbreviations shown above

| Date | Event Title (including name of senior race official and the venue) | Inland, Estuary or Sea | Classes | No of Boats | No of Races | Course type | Your Role |
|------|--|------------------------------|---------|----------------|----------------|----------------|--------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

List here ALL other events in the last 4 years where you were involved in race management Please use the abbreviations shown above

| Date | Event Title (including name of senior race official and the venue) | Inland, Estuary or Sea | Classes | No of Boats | No of Races | Course type | Your Role |
|------|--|------------------------------|---------|----------------|----------------|----------------|--------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Continue | e on a separate sheet if r | eguired o | r expand the tab | le by add | dina row | ıs. | |
|----------|----------------------------|-----------|------------------|-----------|----------|----------------|--|
| - J | oopa.a.o ooot | | paa tab | | g . J !! | - - | |

References are required for initial applications. The reference(s) you suppy with this application must be provided by a qualified race official (race officer, judge, umpire or mark layer) of the same rank or higher than the level of your own application. The referee must have first hand experience of your abilities and witnessed this in one way or another at one of the events you have listed above (a mentor or someone who worked on the same course or event).

The requirements for qualification can be found at: www.rya.org.uk/infoadvice/racing/raceofficials/wanttobearaceoffical/requirements

| DECLARATION: I have read and understood the requirements for appointment and |
|---|
| reappointment to the status of RYA National/Regional Race Official and hold the documentation |
| • • • |
| required for my qualification. I agree to uphold, promote and support the racing rules, regulations |
| and policies of the International Sailing Federation and of the Royal Yachting Association. |
| SIGNED: |
| |
| |
| |
| |
| |
| Date of application: |
| Date of application. |
| |

The RYA requests your consent (under the Data Protection Act) to post the information below on the (publicly available) Race Officials section of the RYA website and to provide the information in response to an enquiry made to the RYA from outside the EEA.

| I consent (including all details) | |
|---|----------|
| | |
| I consent (including only Town & County address details) | |
| | |
| I consent (including only Town, County & Email address details) | |
| | |
| Other (please state which) | |
| Name | \sqcup |
| Address | H |
| Home number Work number | |
| Mobile number | H |
| Email | H |
| | |
| I do not consent | |
| | |
| | |
| Signed | |
| Date | |

ROYAL YACHTING ASSOCIATION EQUAL OPPORTUNITIES MONITORING

The RYA has a policy of equality of opportunity. To help us monitor its effectiveness, please complete the following section. The information will not be used for any other purpose. You do not have to provide this information if you do not wish to do so.

| Name |
|--|
| Gender |
| Please tick male or female |
| Age |
| Date of Birth |
| Ethnic Origin |
| Please tick the relevant category: |
| White Black/Black British Asian/Asian British Chinese Mixed |
| Other (please write in) |
| 1.1.1 Disability |
| Do you consider yourself to have a disability? Yes No |
| If yes, what is the nature of your disability:(eq. visually impaired, hearing impaired, physical disability) |