



UMPIRE PERFORMANCE ASSESSMENT/REFERENCE FORM

Event:		Dates:	
Candidate's Name:			
Address:			
Tel:		Mobile:	E-mail:
1. Observation	Not Acceptable <input type="checkbox"/> *	Acceptable RU <input type="checkbox"/>	Acceptable NU <input type="checkbox"/> Don't know <input type="checkbox"/>
2. Communication	Not Acceptable <input type="checkbox"/> *	Acceptable RU <input type="checkbox"/>	Acceptable NU <input type="checkbox"/> Don't know <input type="checkbox"/>
3. Rules: Application and Decision	Not Acceptable <input type="checkbox"/> *	Acceptable RU <input type="checkbox"/>	Acceptable NU <input type="checkbox"/> Don't know <input type="checkbox"/>
4. Boat Driving and Positioning	Not Acceptable <input type="checkbox"/> *	Acceptable RU <input type="checkbox"/>	Acceptable NU <input type="checkbox"/> Don't know <input type="checkbox"/>
5. Temperament and Behaviour	Not Acceptable <input type="checkbox"/> *	Acceptable RU <input type="checkbox"/>	Acceptable NU <input type="checkbox"/> Don't know <input type="checkbox"/>
6. Physical Fitness	Not Acceptable <input type="checkbox"/> *	Acceptable RU <input type="checkbox"/>	Acceptable NU <input type="checkbox"/> Don't know <input type="checkbox"/>
7. Experience and Activity	Not Acceptable <input type="checkbox"/> *	Acceptable RU <input type="checkbox"/>	Acceptable NU <input type="checkbox"/> Don't know <input type="checkbox"/>
8. Comments not covered above	* Other special strengths: * Other difficulties:		
9. Assessor's Recommendation	Candidate should be encouraged to apply for NU status <input type="checkbox"/> apply for RU status <input type="checkbox"/> NOT apply <input type="checkbox"/>		
<i>Please tick recommendation</i>			
10. Assessor	Name:	Signature:	Date:

* Please write Comments/Needs for improvement/Special strengths for each category.