



UMPIRES APPLICATION FORM

Type of Application (Delete as appropriate)	
Regional / National	Initial / Renewal

Personal Details			
Surname		Salutation <i>(Mr/Mrs/Miss/Ms/etc)</i>	
Forename(s)		Date of Birth	
Full Address (including town and county)			
Postcode		Club(s)	
RYA Membership number <i>(you must be a member)</i>		RYA Region <i>(in which you operate)</i>	
Telephone: Home		Telephone: Mobile	
E-mail <i>(you must have email access)</i>			
GBR passport holder or principal residence in the UK? YES / NO <i>(delete as appropriate)</i>			

Seminar, Exam & Performance Assessment			
Seminar	National / Regional <i>(delete as appropriate)</i>		
Place		Date	
Seminar Instructors		Exam % Mark	
On-the-Water Assessment <i>(inc. name of assessor)</i>		Place & Date of Assessment	

Qualifications	<i>tick</i>		<i>tick</i>		<i>tick</i>
VHF		Power Boat 2		Safety Boat	
Other Race Official Qualifications	<i>Specify level and discipline, e.g. Regional Race Officer</i>				

<i>Conferences differ from a seminar in that there is little formal teaching and it is often multidisciplinary (with ROs, judges, etc)</i>					
National Conference			Regional Conference		
Place			Place		
Date			Date		

Racing Experience		
Years Raced	Type of Boat	Club / Open Meeting / National / International <i>(Delete as appropriate)</i>

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)	<input type="checkbox"/>
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I consent (including only Town & County address details)	<input type="checkbox"/>
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I consent (including only Town, County & Email address details)	<input type="checkbox"/>
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Other (please state which)	<input type="checkbox"/>
Name	<input type="checkbox"/>
Address	<input type="checkbox"/>
Home number	<input type="checkbox"/>
Work number	<input type="checkbox"/>
Mobile number	<input type="checkbox"/>
Email	<input type="checkbox"/>

I do not consent	<input type="checkbox"/>
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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:
(eg. visually impaired, hearing impaired, physical disability)