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

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| This section to be completed by the **Meet Organiser** |
| Club & Meet Name |  |
| Venue (Pool & Town) |  |
| Date |  |
| Organiser |  |
| Name & Address of Regional Licensing Officer for return of this form. |  |

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| This section to be completed by the **Referee** within 5 working days of the competition. |
| CHECK REQUIRED | DEPTH | COMMENTS |
| **Pool-** Depth of water at starting end. Water temperature |  | TEMP =  |
| **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. |  |  |
| **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 levels and number of Licensed Officials appropriate to this level of Licensed Meet were met and am satisfied that the times achieved are appropriate for addition to the British Swimming Rankings database at that level.Referee Signature………………………….Print Name….………………………………..Membership No………………..… |