

Australian Volleyball Referees Commission
Summary of Refereeing Activity for Upgrade Assessment
District to Regional Form: AVRC-3

Name: _____

Address: _____

State & Postcode: _____ Phone Number: _____

NOAS Number: _____

Record of Activity

First Referee: *Five games must be completed, with at least three assessed*

	Date (dd/mm/yy)	Assessor	Report Attached	Recommendation
1				
2				
3				
4				
5				

Second Referee: *Five games to be completed, with at least two assessed*

	Date (dd/mm/yy)	Assessor	Report Attached	Recommendation
1				
2				
3				
4				
5				

Scorer: *Five games to be completed, with at least three scoresheets submitted*

	Date (dd/mm/yy)	Scoresheet Attached	Recommendation
1			
2			
3			
4			
5			

Line Judge: *Three games to be completed*

	Date (dd/mm/yy)
1	
2	
3	

Overall Recommendation

This referee's grading should **remain the same / be upgraded** (*delete one*).

Following this appraisal, this referee's grading is _____

(Note: If no change in grading is made, referees must be given a full explanation as to why this decision was reached and which aspects they must reattempt).

Signature of State Referee Commissioner: _____

Date: _____