

Australian Volleyball Referees Commission
Summary of Refereeing Activity for Upgrade Assessment
Regional to State Form: AVRC-4

Name: _____

Address: _____

State & Postcode: _____ Phone Number: _____

NOAS Number: _____

Record of Activity

First Referee: *Thirty games must be completed, with at least ten assessed*

| | Date (dd/mm/yy) | Assessor | Report Attached | Recommendation |
|-----------|----------------------------|-----------------|----------------------------|-----------------------|
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Second Referee: *Fifteen games to be completed, with at least eight assessed*

| | Date (dd/mm/yy) | Assessor | Report Attached | Recommendation |
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Scorer: *Fifteen games to be completed, with at least eight scoresheets submitted*

| | Date (dd/mm/yy) | Scoresheet Attached | Recommendation |
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Line Judge: *Ten games to be completed*

| | Date (dd/mm/yy) |
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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: _____