

**Application for:**



AUSTRALIAN BASEBALL

**NATIONAL UMPIRE ACCREDITATION**

I wish to apply for National Umpire Accreditation under the Australian Baseball Umpire Development National Accreditation Scheme and insurance coverage for Public Liability and Professional Indemnity. This insurance cover is valid while officiating in ABF member bodies only.

Surname: \_\_\_\_\_ MyClub No: \_\_\_\_\_

First Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: Pve: \_\_\_\_\_ Bus: \_\_\_\_\_ Email: \_\_\_\_\_

Association: \_\_\_\_\_

**ACCREDITATION DETAILS**

Current Accreditation: \_\_\_\_\_ Year Attained: \_\_\_\_\_

Last Australian Baseball National Accreditation exam taken: Result: \_\_\_\_\_ Year: \_\_\_\_\_

List the last three accredited seminars attended:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
*Applicant Signature* *Date*

**PAYMENT DETAILS**

Applying for: **New @ \$60.50 (incl)**  **Renewal @ \$38.50 (incl)**

Payment Method: Cheque  Visa  MasterCard  Money Order

Card Number:

Expiry Date:     **Total Amount: \$60.50**  **or \$38.50**

Cardholder's Signature: \_\_\_\_\_

Forward this application **through** your State Director of Umpiring.

<b>For Office Use Only</b>	
Verified by SDU: _____	Date: _____
Accreditation Level Approved: _____	Certificate Forwarded: _____

## MEMBER PROTECTION DECLARATION

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The ABF has a duty of care to its members and to the general public who interact with its employees, volunteers, members and others involved with ABF activities. As part of this duty of care and as a requirement of the ABF's Member Protection Policy, the ABF must enquire into the background of those applying for, undertaking or remaining in any work (paid or voluntary) that;

\*involves direct and unsupervised contact with people under the age of 18 years

I ..... (name) of .....

.....(address) born ...../...../.....

sincerely declare:

1. I do not have any criminal charge pending before the courts.
2. I do not have any criminal convictions or findings of guilt for sexual offences, offences related to children or acts of violence or narcotics.
3. I have not had any disciplinary proceedings brought against me by an employer, sporting organisation or similar body involving child abuse, sexual misconduct or harassment, acts of violence, intimidation or other forms of harassment or narcotics.
4. I have never been sanctioned for an anti-doping rule violation under any anti-doping policy applicable to me.
5. I have never participated in, facilitated or encouraged any practice prohibited by the World Anti-Doping Agency Code or any other anti-doping policy applicable to me.
6. To my knowledge there is no other matter that the ABF may consider to constitute a risk to its members, employees, volunteers, athletes or reputation by engaging me.
7. I will notify the CEO of the organisation(s) engaging me immediately upon becoming aware that any of the matters set out in clauses 1 to 6 above has changed for whatever reason.

Declared in the State/Territory of .....

on ...../...../.....(date)          Signature .....

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### Parent/Guardian Consent (in respect of person under the age of 18 years)

I have read and understood the declaration provided by my child. I confirm and warrant that the contents of the declaration provided by my child are true and correct in every particular.

Name: .....

Signature: .....

Date: .....