

# PANEL APPLICATION FORM PLEASE USE BLOCK CAPITALS

## SECTION A to be completed by all applicants

TITLE		OCCUPATION	
FIRST NAME/S		QUALIFICATIONS	
SURNAME		LANGUAGES (FLUENT)	
NATIONALITY		HONOURS	
GENDER			

CATEGORY APPLIED FOR Please refer to selection criteria

JUDICIAL PANEL LEGAL MEMBER	<input type="checkbox"/>
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ORDINARY	<input type="checkbox"/>	APPEALS	<input type="checkbox"/>
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JUDICIAL PANEL SPECIALIST MEMBER	<input type="checkbox"/>
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PLEASE INDICATE SPECIALISM BELOW
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MEDIATOR	<input type="checkbox"/>
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Anti-Doping	<input type="checkbox"/>	Classification	<input type="checkbox"/>
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BUSINESS CONTACT DETAILS Please tick if preferred contact address [ <input type="checkbox"/> ]	
ADDRESS	
POST CODE	
TELEPHONE	
MOBILE	
E-MAIL	

HOME CONTACT DETAILS Please tick if preferred contact address [ <input type="checkbox"/> ]	
ADDRESS	
POST CODE	
TELEPHONE	
MOBILE	
E-MAIL	

**SECTION B to be completed by new applicants only**

REFERENCE 1	Only required for new applicants
NAME	
ADDRESS	
POST CODE	
TELEPHONE	
MOBILE	
E-MAIL	

REFERENCE 2	Only required for new applicants
NAME	
ADDRESS	
POST CODE	
TELEPHONE	
MOBILE	
E-MAIL	

**SECTION C to be completed by all applicants**

CHECKLIST OF ATTACHED DOCUMENTS

Up to date sport specific CV	<input type="checkbox"/>	All applicants
A short (1 page) cover letter	<input type="checkbox"/>	All applicants
Copy of relevant accreditation certificate	<input type="checkbox"/>	New applicants
Copy of professional indemnity insurance cover certificate	<input type="checkbox"/>	Legal / medical applicants

**DECLARATION**

By submitting this form with my full name I have read and agreed to the Panel Selection Criteria

Signed (Full name)	
Date	

Scroll to the bottom of the Website to sign up to the WWR Newsletter.

Please note: We do NOT share your information with third parties.

Please return completed form by e-mail to [judicial@worldwheelchair.rugby](mailto:judicial@worldwheelchair.rugby)