



CAMBRIDGESHIRE COUNTY NETBALL

MENTORING APPLICATION FORM

PLEASE COMPLETE

NAME: _____ AFFILIATION NO -----

ADDRESS: _____

Tel: _____ Email : _____

CLUB: _____

LEAGUE _____

Award for which you require a mentor - Beg/C/B _____

Have you attended a relevant course? YES / NO

If yes, when? _____

Have you been pre -assessed? YES/NO

Date & by who? _____

Why do you wish to be mentored? _____

For Umpiring Secretary:

Date Pre-Assessed:

Pre-Assessed by :

Recommended for mentoring? Yes / No

Date Passed to County Umpiring Secretary :

Mentor Assigned: