



# CAMBRIDGESHIRE COUNTY NETBALL

## PRE-ASSESSMENT REQUEST FORM

**PLEASE COMPLETE**

NAME: \_\_\_\_\_ AFFILIATION NO -----

ADDRESS: \_\_\_\_\_

Tel: \_\_\_\_\_ Email : \_\_\_\_\_

CLUB: \_\_\_\_\_

LEAGUE \_\_\_\_\_

Have you attended a relevant course? YES / NO *(please note a relevant course must have been attended prior to test or mentoring)*

If yes, when? \_\_\_\_\_

Have you been mentored YES / NO. If Yes who was your Mentor \_\_\_\_\_

**To be completed by Mentor**

Candidate ready to be progressed to Pre - Assessment Stage **Yes / No**

Signed by mentor / proposer – Name .....

**For Umpiring Secretary:**

**Pre-Assessment assigned to –**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Assessor : Outcome**

**Progress to Assessment**

**Learner requires further practise**

Signed \_\_\_\_\_