



CAMBRIDGESHIRE COUNTY NETBALL

ASSESSMENT 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? _____

Date of Assessment -----

Venue for Assessment -----

Assessor -----

To be completed by Assessor

Candidate ready to be progressed to Test Stage **Yes / No**

Candidate ready to be progressed to Mentoring stage **Yes / No**

Recommendation

Mentoring – tick if appropriate recommendation

Further practise – tick if appropriate recommendation

For Umpiring Secretary:

Mentor assigned - Name & Date _____

Test organised – Test date _____