



Postal Address: PO Box 8590, Carrum Downs, Vic, 3201
Office: Kananook Oval, McCulloch Ave, Seaford
Phone: 1300 UMPIRE (1300 867 473)
www.sua.org.au

Name: _____

Address: _____

Postal Address: _____

Date of Birth: ___/___/___ Occupation: _____

Home Phone: _____ Business: _____

Fax: _____ Mobile: _____

Email: _____

Have you any Pre-Existing or Existing medical conditions: YES NO (please circle)

If yes please list: _____

The accurate completion of this section is crucial, failure to disclose any accurate or misleading information may preclude the payment of any compensation in the event of an injury or death.

I, _____ (name) shall accept such appointments and agree to be bound by the rules, contract and constitution of the Southern Umpires Association, for the period of my appointment. Copies can be supplied, or viewed on the SUA notice board.

Signed: _____ Date: _____

Parent/Guardian Consent – Applicant under 18 years old

I, _____ am the parent/guardian of the above named, who is under 18 years of age. As the parent/guardian I am afforded the rights of Social Membership of the SUA. I have read this document, and consent to its terms and conditions for both the applicant and myself as a Social Member.

Signed: _____ Date: _____

Emergency Contact Information

Contact Name: _____ Relationship: _____

Contact Numbers: Phone: _____ Mobile: _____

Does the applicant have Ambulance cover: YES / NO (please circle)

Is there any further information that may assist in case of an emergency?

Bank Account Details

Account Name: _____ Bank & Branch: _____

BSB No: ___/___ Account No: _____



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Working with Children:

All umpires over the age of 18 or who are turning 18 this football season are required by law to hold a Working with Children Check card. You are required to attach a copy of your application receipt before you can be appointed to umpire matches.

Card Number: _____ Expiry: ___/___/___

Umpiring Information:

Umpire Type: FIELD BOUNDARY GOAL (please circle)

All appointments will be sent to your SUA Gmail account: -----sua@gmail.com

All umpires must access their Gmail account on a regular basis for updates

Previous umpiring experience: Yes No (please circle)

If yes please list: _____

Current Umpiring Accreditation: Yes No (please circle)

If YES, Level: _____ Year Completed: _____ Umpire: ___F___B___G

Would you like participate in the AFL Umpiring Mentor Program: Yes No

If YES, Please circle what size uniform you require:

Extra Small Small Medium Large Extra Large

Umpire Match Day Availability:

Matches Played: Friday Night's - Saturday's - Sunday's - Weekdays

Additional Information: _____

Please list above any further information that will assist with your umpiring appointment:
Example - I can only umpire before 2pm.

To assist with umpiring appointments do you need to umpire with an existing SUA umpire
For transportation to matches: Yes No (please circle)

If Yes who: _____

I can assist with transportation of umpires to matches: Yes No (please circle)

General Information:

Are you, or your immediate family, involved with any football clubs or other Umpiring Bodies.

If yes, what club(s): _____

How did you hear about/come to join the SUA: _____

If a friend introduced you please provide their name: _____