

Assessors Course

Introduction to Assessing in Sport

Department of Sport and Recreation
246 Vincent Street, Leederville

Building stronger,
healthier, happier and
safer communities

Please complete and return together with your payment to:

Attention: Aaron Morse or Salvatore Siciliano
Department of Sport and Recreation
PO Box 329 Leederville WA 6903

Alternatively if paying by credit card you may fax this form
to (08) 9492 9711 (Attention: Aaron Morse or Salvatore Siciliano).

A tax receipt will be sent upon payment.



Date of course

DD / MM / YYYY



Please write the date for the course you want to attend.
Course dates are available at www.dsr.wa.gov.au

Participant Details

TITLE GIVEN NAME SURNAME

ORGANISATION SEX ☐ MALE ☐ FEMALE

MAILING ADDRESS

STATE POSTCODE

TELEPHONE FACSIMILE MOBILE

EMAIL D.O.B.

SPECIAL REQUIREMENTS [DIETARY, PHYSICAL, HEALTH]

SPORTS INVOLVED

COACHING/OFFICIATING LEVEL

SIGNATURE [COURSE PARTICIPANT OR PARENT OR GUARDIAN IF UNDER 18]

Please indicate if you would like your details to be used by the Department of Sport
and Recreation to keep you informed of future training and information

YES ☐ NO ☐

Payment Details ALL AMOUNTS STATED ARE GST INCLUSIVE

TOTAL AMOUNT \$22 [THIS COURSE IS SUBSIDISED BY DSR]

MY CHEQUE FOR \$22 IS ENCLOSED (PAYABLE TO DEPARTMENT OF SPORT AND RECREATION) OR PLEASE CHARGE MY

☐ VISA ☐ MASTERCARD

AMOUNT \$ CARD NUMBER ---

CARD HOLDER'S NAME

EXPIRY DATE / SIGNATURE



Department of
Sport and Recreation



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