New Zealand Rugby **REFEREE**
2012 NEW REGISTRATION

www.nzrugby.co.nz - Home of New Zealand Community Rugby

IMPORTANT: YOU MUST COMPLETE ALL SECTIONS OF THE FORM AS ACCURATELY AS POSSIBLE. By completing this form you are covered under the NZRU indemnity insurance scheme. The data gathered from this form allows your referee association, Provincial Union and the NZRU to better manage the game.

ASSOCIATION YOU ARE A MEMBER OF IN 2012:

Association last registered to:
(if applicable)

Gender: (please tick) ☐ Male ☐ Female

Ethnicity: (please tick one only) ☐ Maori ☐ NZ European ☐ Asian ☐ Pacific Islander ☐ Other

First Name: **Middle Name:**

Last Name: **Known As:**

DATE OF BIRTH: / / (Date of Birth is IMPORTANT to prevent duplicate entries on the database)
Day Month Year

Email:

Telephone (H): **Telephone (W):**

Mobile:

Street Address:

Suburb: **Town/City:**

Post Code:

Your Occupation:

Are you an active referee available for appointment to fixtures? (please tick) ☐ Yes ☐ No

If YES, are you also (please tick ONE) ☐ Administrator ☐ Assessor/Evaluator ☐ Referee Coach

If NO, what is your primary function? (please tick ONE) ☐ Administration ☐ Assessor/Evaluator ☐ Referee Coach ☐ Social

Are you available to referee midweek games? (please tick) ☐ Yes ☐ No

Are you available for further promotion? (please tick) ☐ Yes ☐ No

Which rugby organisations would you like to receive commercial emails from? For example, emails about priority access to test tickets or goods and services from sponsors (please tick)
☐ NZRU ☐ Provincial Union ☐ Super Rugby Franchise

I understand that by signing this form, I am agreeing to be bound by the constitution, regulations, bylaws and policies of the above Provincial Union and that I am also bound by the NZRU Rules and Regulations by virtue of being deemed to be a 'person' as defined in those regulations.

Signature: _____ **Date**: _____

Pursuant to the Privacy Act the following is brought to your attention. The New Zealand Rugby Union ("NZRU") uses this form to collect personal information for the purposes of (i) the general administration of the game of rugby, including statistical analysis and injury insurance and research, and (ii) the promotion of the game of rugby, including the marketing to rugby members by sponsors of the game of rugby. The information will be held by the rugby organisation that you play for and/or the Provincial Union that such organisation is affiliated to and/or the NZRU. The information may also be provided (in whole or part) to other persons for the furtherance of the purposes stated above.

In addition, coaching and performance reports may be prepared by referee coaches in respect of any games you referee. Any information contained in those reports may be used to assist in your personal development and for the training and education of referee coaches. From time to time, it may also be used for selection and appointment purposes. This information will be held on the NZRU's Referee Report Information Management System (RRIMS) and may be accessed by your respective provincial, zone and national referee administration personnel for the above purposes.

You have rights to access (and correct) such personal information as provided for in the Privacy Act. Please contact the NZRU in the first instance. Your signing of this form constitutes authorisation of the use and disclosure of the personal information in accordance with the purposes set out above. Failure to complete this form (or the provision of incorrect information) may result in your being ineligible for insurance cover arranged for rugby members by the NZRU.

NEW ZEALAND RUGBY UNION

AUTHORISATION TO DISCLOSE INFORMATION

I,.....
(Surname) (First Names)

.....
(Maiden or any other names used)

Sex.....(M/F) Date of birth..... Place of birth.....

Nationality.....Residential Address.....

Suburb..... City.....

NZ Driver Licence number .....

authorise disclosure by New Zealand Police of **ANY** information relating to any interaction I have had with Police in any context, to the New Zealand Rugby Union. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

Vetting can only be carried out with the consent of the applicants dated, signature as follows:

Signed.....Date.....

COMMENTS OF THE NEW ZEALAND POLICE:

Agency code: (N60297)