**Technical Officials for SNZ Approved Meet Results**

As per the Swimming New Zealand Approved Time Policy (001, 007) there is a minimum number and standard of officials required for a meet

to be classed as approved and for those times to be considered for national event qualification. This sheet must be completed for each session,

signed by the Referee and sent to their region. The region must, within seven (7) days of the completion of the meet forward the meet results

and official’s sheet/s to SNZ.

|  |  |  |  |
| --- | --- | --- | --- |
| **Minimum Meet Requirements** | **Name** | | |
| **Qualified referee** A minimum of **1** (one) regionally qualified referee is required. (*SNZ registered voting technical officials*) | 1. |  | |
| 2. |  | |
| **Judges of Stroke** There must be at least **2** x JOS’s (i.e. one on each side of the pool – can include referees acting as JOS if there is more than one referee listed). Minimum qualification is National IOT or Regional JOS or Referee (*SNZ registered voting technical officials*) | 1. |  | |
| 2. |  | |
| 3. |  | |
| 4. |  | |
| **Starter** Regionally Qualified (*SNZ registered voting technical officials*) | 1. |  | |
| 2. |  | |
| **Chief IOT** *(Where Applicable)* |  |  |  |
| **Inspectors of Turns**  [minimum of 1 regionally qualified IOT for every **3** (three)lanes at both ends of pool]  6 lanes = 4 qualified IOTs  8 lanes = 6 qualified IOTs  10 lane = 8 qualified IOTs  (*SNZ registered voting technical officials*) | Lane | Start End | Turn End |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| 10 |  |  |
| **AOD Operator** | 1. |  | |
| **Chief Timekeeper** | 1. |  | |
| **Timekeepers**  [3 per lane for manual meets and 1 per lane when electronic timing is being used. Note that for New Zealand Records electronic timing must be used.]   |  |  | | --- | --- | | **Meet:** |  | | **Session:** |  | | **Venue:** |  | | **Timing Equipment:** | Manual / Electronic | | **Date:** |  | | **Referee’s Name:** |  | | **Referee’s Signature:** |  | | L0a |  | |
| L0b |  | |
| L0c |  | |
| L1a |  | |
| L1b |  | |
| L1c |  | |
| L2a |  | |
| L2b |  | |
| L2c |  | |
| L3a |  | |
| L3b |  | |
| L3c |  | |
| L4a |  | |
| L4b |  | |
| L4c |  | |
| L5a |  | |
| L5b |  | |
| L5c |  | |
| L6a |  | |
| L6b |  | |
| L6c |  | |
| L7a |  | |
| L7b |  | |
| L7c |  | |
| *This form must be signed by the Meet Referee and where applicable the Technical Director confirming all conditions in the Swimming New Zealand Approved Time Policy (001, 007) have been adhered to.* | L8a |  | |
| L8b |  | |
| L8c |  | |
| L9a |  | |
| L9b |  | |
| L9c |  | |

|  |  |
| --- | --- |
| **Technical Director:** |  |
| **Signature:** |  |