

APPENDIX 4 Application For Registration as a Boxing Official

Applicant Details

First Name:	Last Name:					
Gender:	DOB:					
Home/Work Phone:	Mobile:					
Email						
Occupation:						
Australian Citizen: Yes / No (circle)	Nationality, If No:					
Address:						
Suburb:	State:	Postcode:				
Payment of \$100.00 Coach	\$0.00 Referee	☐ \$0.00 Judge				
(Note: Registration will not be granted if applic	cable fee is not paid in full)					
Accreditation Information						
Accreditation Information						
Applicable National Coaching Accreditation Sch	eme (NCAS) No:	Expiry Date:				
Applicable National R&J Accreditation No:		Expiry Date:				
Working with Vulnerable People Registration (W	Expiry Date:					
First Aid Certificate Attached						
Club Name:						
Club Contact Number:						
Payment Options						
☐ <u>Cash/Cheque/Money Order</u> payable to Boxing Australia (Tasmania) Inc and posted/delivered to 300						
Liverpool Street, Hobart, 7000.						
☐ <u>Electronic Funds Transfer</u> to BSB: 807-009 Account Number: 301 188 11 (please add your full name to						
transfer receipt)						



Applicant Declaration

, , , P P .						
I reque	st to be registered b	y Boxing Au	stralia (Ta	smania) Inc. as a:		
				(insert category/categories of Boxing Official)		
				n or suspension imposed by Boxing Australia (Tasmania) Inc., by Member Association or former Member Association.		
In seek	ing to make applica	tion to becor	me a Boxir	ng Official with Boxing Australia (Tasmania) Inc I hereby agree:		
(a)	to be bound by, and to observe, the Anti-Doping, Participant Protection Regulations and Regulation for the Determination of Complaints of Boxing Australia, as amended from time to time;					
(b)				cicipant Protection Regulations and Regulations for the		
		•		ed from time to time, may be enforced against me;		
(c)	_	•		re appropriate, discipline me in accordance with its Anti-		
(d)	Doping Regulation			tigations and, where appropriate, discipline me in accordance		
(u)	•	•		ns and its Regulations for the Determination of Complaints, as		
	amended from tim		3			
(e)	that subject to the	laws (writter	n and unw	ritten) of the Commonwealth of Australia and the State of		
	Tasmania, I will a	t all times ob	serve and	comply with the requirements of World Boxing as amended		
	from time to time;	and that I ar	n not the s	subject of a current resolution of:		
				rom membership of Boxing Australia (Tasmania) Inc.;		
				alification imposed by Boxing Australia or;		
	` '	on or, or exp ber of Boxin		d disqualification from, membership of any other association that		
	is a men	IDEI OI DOXIII	y Australia	a.		
•						
Signe	d:			// Date://		
Date r	eceived by the BAT S	Secretary:	1_			
	•	•				
OFFI	CE USE ONLY			BAT STAMP		
All Se	ctions Completed	YES□	NO□	Cheque/Money Order No.		
Paym	ent received	YES□	NO□	Receipt No.		
-						
Info a	dded to register	YES□	NO□	Date		



DEED POLL ACKNOWLEDGING THE BINDING EFFECT OF THE CONSTITUTION AND REGULATIONS OF BOXING AUSTRALIA LIMITED

TO: BOXING AUSTRALIA LIMITED ("BAL")					
l,		of			
(Print Full Nar	me)	(Print Full Address)			
(Insert Contact Phon	e Number)	(Email Address)			
hereby agree as a condition of, ar	nd in consideration	n for, my (tick one or more of the following):			
in force from time to time.	hat: and bound by the	e Constitutions and Regulations of BAT and BAL as s and Regulations to the extent that the same may			
Executed as a Deed Poll.					
SIGNED, SEALED AND DELIVE	RED by:				
(Print Full Name)) Name:				
) Signature:				
) Date:				
In the presence of: (Print Full Name of Witness)) Name:				
) Signature:				

Once completed, this Deed Poll must be provided to the Secretary of Boxing Australia (Tasmania) Incorporated at 300 Liverpool Street, Hobart, 7000 or boxingtasmania@gmail.com within 7 days.



MEMBER PROTECTION DECLARATION

Please read this form carefully. Complete all sections, ensure all parties have signed, and submit the required documents and fee with the form.

Boxing Australia Limited (BAL) and its member associations have a duty of care to their members and participants and to the general public who interact with employees, volunteers, members, participants and others involved with BAL and its member association activities. As part of this duty of care and as a requirement of BAL's Member Protection Policy, BAL and its member associations and their affiliated clubs must enquire into the background of those applying for, undertaking or remaining in any work (paid or voluntary) that involves regular contact with people under the age of 18 years. As you occupy, or are seeking to occupy, a position(s) deemed to have contact with a minor, we require you to make the declaration below.

l,						
of			(insert address)			
bo	rn on		, sincerely declare that			
1.	I do not have any criminal charge pending violence, or offences relating to procureme	before the courts for sexual offences, offences rel nt or supply of illicit or dangerous drugs.	ated to children, acts of			
2.	I do not have any criminal convictions or findings of guilt for sexual offences, offences related to children, acts of violence, or offences relating to procurement or supply of illicit or dangerous drugs.					
3.	I have not had any disciplinary proceedings brought against me by an employer, sporting organisation or similar body involving child abuse, sexual misconduct or harassment, acts of violence, intimidation or other forms of harassment.					
4.	I have never been sanctioned for an anti-doping rule violation under any anti-doping policy applicable to me.					
	I have never participated in, facilitated or encouraged any practice prohibited by the World Anti-Doping Agency Code or any other anti-doping policy applicable to me.					
6.	To my knowledge there is no other matter that BAL or a BAL Member Association may consider to constitute a risk to its members, employees, volunteers, athletes or reputation by engaging me.					
 I will notify the CEO/Secretary of the organisation(s) engaging me immediately upon becoming aware that matters set out in clauses 1 to 6 above has changed for whatever reason. 						
	Name	Signature	Date			
Pa	arent/Guardian Consent (in respect o	of person under the age of 18 years)				
	ave read and understood the declaration proclaration proclaration provided by my child are true and c	ovided by my child. I confirm and warrant that the correct in every particular.	contents of the			
	Parent/Guardian Name	Parent/Guardian Signature	Date			