##

**CONFIRMATION OF FITNESS TEST RESULT**

*Please complete this form electronically and return to* *HeadOfWorkforce@netballni.org*

|  |
| --- |
| **Umpire’s details** |
| Name of Umpire |  |
| **Test details and results** |
| Date of Test |  |
| Level reached |  |
| State any relevant conditions |  |
| **Tester’s details** |
| Name of Tester |  |
| Contact details Email |  |
|  Tel/Mob |  |
| Accreditation - *give details of body that has accredited you to administer this test* |  |

*This is to certify that I have tested the above umpire and I can confirm the following:*

* *Test used was Multi-Stage Fitness Test (Beep/Bleep/20m Shuttle Run Test)*
* *All specifications for the administration of this test were correctly applied*
* *The umpire reached the level indicated on the above date*
* *I am officially accredited to administer this test*

*If you are unable to scan this form and do not have an electronic signature, placing your name below will be deemed to be certification of the above information.*

Signed:

*A copy of this form should be forwarded to* *headofworkforce@netballni.org* *within 14 days of the test*