



EUROPEAN BILLIARDS & SNOOKER ASSOCIATION

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REFEREE EXAMINATION REPORT FORM

Name of Chief Examiner: _____ **Examiner Number:** _____
Date of examination: _____ **Examination:** Snooker Billiards
Location: _____

1. DETAILS OF CANDIDATE

First Name: _____ **Last Name:** _____
Address: _____ **Date of Birth:** _____
Country: _____ **Post Code:** _____
Telephone: _____
Email Address: _____

Details of certificates already held:
Billiards class: _____ valid until: _____
Snooker class: _____ valid until: _____

2. EXAMINERS ASSESSMENT

		Very Good	Good	Sufficient	Insufficient
a.	Appearance				
b.	Match Preparation				
c.	Positional Sense				
d.	Rule Application				
e.	Knowledge of Current Rules				
f.	Audibility				
g.	General Demeanour/Conduct				
h.	Confidence in Making Decisions				
3. EXAMINATION RESULT		SUBJECT	CLASS	PASS	FAIL
		SNOOKER			
		BILLIARDS			

Examiner's/Tutor's signature _____ **Examiner's/Tutor's signature:** _____ **Examiner's/Tutor's signature** _____

National associations should email a copy of this form to EBSA GENERAL SECRETARY as soon as possible, irrespective of the examination outcome.

EBSA Referees Subcommittee Members:
Laszlo Bekk, Wiktoria Jędruszek, Vadim Krivda, Kazimierz Olejniczak, Eva Poskočilová, Ingo Schmidt, Glen Sullivan-Bisset