



## ACCREDITATION RENEWAL FORM

The accreditation renewal form requires the individual to demonstrate that they have been performing the role continuously over the past four years at the appropriate level according to the accreditations competencies.

**Who can approval a renewal:** Hockey Australia, State/Territory approved Assessor or Club President

*(Note: Assessors are not responsible for the individual's performances in any future sessions.)*

Assessment Date: _____/_____/_____
Level of renewal (accreditation level): _____
Candidate Name: _____
D.O.B: _____
Email: _____
Postal Address: _____
Club/ Association: _____
Assessor Name / Club President _____

**Please send this form to your state/territory HockeyEd Coordinator completed and signed.**

Signatures:

\_\_\_\_\_  
Name of Candidate

\_\_\_\_\_  
Name of Assessor/Club President

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*(By signing this form I acknowledge and agree to abide by Hockey Australia's Coaches Code of Behaviour which can be viewed at [www.hockey.org.au](http://www.hockey.org.au))*