



Continuing your officiating journey with CSC.

## ***A guide to becoming a qualified Judge Level 2***

[officials@crawleysc.co.uk](mailto:officials@crawleysc.co.uk)

Thank you for agreeing to further support CSC by becoming a J2. The below is a simple 10 step guide to help you navigate your way through the the process. Will & Emma Best can be contacted on [officials@crawleysc.co.uk](mailto:officials@crawleysc.co.uk) or alternatively message the CSC Officials WhatsApp group for help and support.

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |               |                       |  |       |  |          |  |          |  |       |  |  |  |      |  |            |  |         |  |                |  |  |  |     |  |      |               |         |   |                        |  |  |  |          |  |  |  |  |   |                                                                     |  |  |  |          |  |  |  |  |   |                                                                           |  |  |  |          |  |  |  |  |      |  |  |      |  |                                    |  |  |  |  |         |  |         |  |  |
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| Step 1                             | You must first document that you have done 20 hours officiating, post J1 training – Chris Hobbs will need to see proof of this. Record meets that you attend and officiate at on the extra sheets SE send you for your folder.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |               |                       |  |       |  |          |  |          |  |       |  |  |  |      |  |            |  |         |  |                |  |  |  |     |  |      |               |         |   |                        |  |  |  |          |  |  |  |  |   |                                                                     |  |  |  |          |  |  |  |  |   |                                                                           |  |  |  |          |  |  |  |  |      |  |  |      |  |                                    |  |  |  |  |         |  |         |  |  |
| Step 2                             | Complete application form and email to Chris Hobbs – we can forward you a copy of the application form. Chris will organise for the fee to be paid.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |               |                       |  |       |  |          |  |          |  |       |  |  |  |      |  |            |  |         |  |                |  |  |  |     |  |      |               |         |   |                        |  |  |  |          |  |  |  |  |   |                                                                     |  |  |  |          |  |  |  |  |   |                                                                           |  |  |  |          |  |  |  |  |      |  |  |      |  |                                    |  |  |  |  |         |  |         |  |  |
| Step 3                             | Chris will send you a training document (you need to print this off) and introduce you to your mentor.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |               |                       |  |       |  |          |  |          |  |       |  |  |  |      |  |            |  |         |  |                |  |  |  |     |  |      |               |         |   |                        |  |  |  |          |  |  |  |  |   |                                                                     |  |  |  |          |  |  |  |  |   |                                                                           |  |  |  |          |  |  |  |  |      |  |  |      |  |                                    |  |  |  |  |         |  |         |  |  |
| Step 4                             | <p>You will arrange a meeting with your mentor (via zoom most likely), this will last about an hour and outline what you need to do. In my meeting we spent quite a long time discussing the technical aspects of each stroke, I found this really helpful.</p> <p>Once you have had your mentored session you will need to either get your mentor or Chris Hobbs to sign section 1, of your record of progress, on page 4 of your J2 book.</p> <p><b>c. Record of Progress</b><br/><b>JUDGE LEVEL 2</b></p> <table><tr><td colspan="2">District/Region:</td><td colspan="2">Authorised Signature:</td></tr><tr><td>Name:</td><td></td><td>Reg. No.</td><td></td></tr><tr><td>Address:</td><td></td><td>Club:</td><td></td></tr><tr><td></td><td></td><td>Tel:</td><td></td></tr><tr><td>Post Code:</td><td></td><td>Mobile:</td><td></td></tr><tr><td>Email Address:</td><td></td><td></td><td></td></tr><tr><td>No.</td><td></td><td>Date</td><td>Course Leader</td><td>Referee</td></tr><tr><td>1</td><td>Initial Group Workshop</td><td></td><td></td><td></td></tr><tr><td colspan="5">Comments</td></tr><tr><td>2</td><td>Intermediate Workshop<br/>(as agreed by Course Leader and Candidate)</td><td></td><td></td><td></td></tr><tr><td colspan="5">Comments</td></tr><tr><td>3</td><td>Workbook Completion Workshop<br/>(upon completion of Possible Duties Form)</td><td></td><td></td><td></td></tr><tr><td colspan="5">Comments</td></tr><tr><td colspan="2">Pass</td><td></td><td>Fail</td><td></td></tr><tr><td colspan="5">General Comments of Course Leader:</td></tr><tr><td colspan="2">6 of 47</td><td colspan="3">Signed:</td></tr></table> | District/Region:      |               | Authorised Signature: |  | Name: |  | Reg. No. |  | Address: |  | Club: |  |  |  | Tel: |  | Post Code: |  | Mobile: |  | Email Address: |  |  |  | No. |  | Date | Course Leader | Referee | 1 | Initial Group Workshop |  |  |  | Comments |  |  |  |  | 2 | Intermediate Workshop<br>(as agreed by Course Leader and Candidate) |  |  |  | Comments |  |  |  |  | 3 | Workbook Completion Workshop<br>(upon completion of Possible Duties Form) |  |  |  | Comments |  |  |  |  | Pass |  |  | Fail |  | General Comments of Course Leader: |  |  |  |  | 6 of 47 |  | Signed: |  |  |
| District/Region:                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Authorised Signature: |               |                       |  |       |  |          |  |          |  |       |  |  |  |      |  |            |  |         |  |                |  |  |  |     |  |      |               |         |   |                        |  |  |  |          |  |  |  |  |   |                                                                     |  |  |  |          |  |  |  |  |   |                                                                           |  |  |  |          |  |  |  |  |      |  |  |      |  |                                    |  |  |  |  |         |  |         |  |  |
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| Address:                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Club:                 |               |                       |  |       |  |          |  |          |  |       |  |  |  |      |  |            |  |         |  |                |  |  |  |     |  |      |               |         |   |                        |  |  |  |          |  |  |  |  |   |                                                                     |  |  |  |          |  |  |  |  |   |                                                                           |  |  |  |          |  |  |  |  |      |  |  |      |  |                                    |  |  |  |  |         |  |         |  |  |
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| Post Code:                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Mobile:               |               |                       |  |       |  |          |  |          |  |       |  |  |  |      |  |            |  |         |  |                |  |  |  |     |  |      |               |         |   |                        |  |  |  |          |  |  |  |  |   |                                                                     |  |  |  |          |  |  |  |  |   |                                                                           |  |  |  |          |  |  |  |  |      |  |  |      |  |                                    |  |  |  |  |         |  |         |  |  |
| Email Address:                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |               |                       |  |       |  |          |  |          |  |       |  |  |  |      |  |            |  |         |  |                |  |  |  |     |  |      |               |         |   |                        |  |  |  |          |  |  |  |  |   |                                                                     |  |  |  |          |  |  |  |  |   |                                                                           |  |  |  |          |  |  |  |  |      |  |  |      |  |                                    |  |  |  |  |         |  |         |  |  |
| No.                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date                  | Course Leader | Referee               |  |       |  |          |  |          |  |       |  |  |  |      |  |            |  |         |  |                |  |  |  |     |  |      |               |         |   |                        |  |  |  |          |  |  |  |  |   |                                                                     |  |  |  |          |  |  |  |  |   |                                                                           |  |  |  |          |  |  |  |  |      |  |  |      |  |                                    |  |  |  |  |         |  |         |  |  |
| 1                                  | Initial Group Workshop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |               |                       |  |       |  |          |  |          |  |       |  |  |  |      |  |            |  |         |  |                |  |  |  |     |  |      |               |         |   |                        |  |  |  |          |  |  |  |  |   |                                                                     |  |  |  |          |  |  |  |  |   |                                                                           |  |  |  |          |  |  |  |  |      |  |  |      |  |                                    |  |  |  |  |         |  |         |  |  |
| Comments                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |               |                       |  |       |  |          |  |          |  |       |  |  |  |      |  |            |  |         |  |                |  |  |  |     |  |      |               |         |   |                        |  |  |  |          |  |  |  |  |   |                                                                     |  |  |  |          |  |  |  |  |   |                                                                           |  |  |  |          |  |  |  |  |      |  |  |      |  |                                    |  |  |  |  |         |  |         |  |  |
| 2                                  | Intermediate Workshop<br>(as agreed by Course Leader and Candidate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |               |                       |  |       |  |          |  |          |  |       |  |  |  |      |  |            |  |         |  |                |  |  |  |     |  |      |               |         |   |                        |  |  |  |          |  |  |  |  |   |                                                                     |  |  |  |          |  |  |  |  |   |                                                                           |  |  |  |          |  |  |  |  |      |  |  |      |  |                                    |  |  |  |  |         |  |         |  |  |
| Comments                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |               |                       |  |       |  |          |  |          |  |       |  |  |  |      |  |            |  |         |  |                |  |  |  |     |  |      |               |         |   |                        |  |  |  |          |  |  |  |  |   |                                                                     |  |  |  |          |  |  |  |  |   |                                                                           |  |  |  |          |  |  |  |  |      |  |  |      |  |                                    |  |  |  |  |         |  |         |  |  |
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| Comments                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |               |                       |  |       |  |          |  |          |  |       |  |  |  |      |  |            |  |         |  |                |  |  |  |     |  |      |               |         |   |                        |  |  |  |          |  |  |  |  |   |                                                                     |  |  |  |          |  |  |  |  |   |                                                                           |  |  |  |          |  |  |  |  |      |  |  |      |  |                                    |  |  |  |  |         |  |         |  |  |
| Pass                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       | Fail          |                       |  |       |  |          |  |          |  |       |  |  |  |      |  |            |  |         |  |                |  |  |  |     |  |      |               |         |   |                        |  |  |  |          |  |  |  |  |   |                                                                     |  |  |  |          |  |  |  |  |   |                                                                           |  |  |  |          |  |  |  |  |      |  |  |      |  |                                    |  |  |  |  |         |  |         |  |  |
| General Comments of Course Leader: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |               |                       |  |       |  |          |  |          |  |       |  |  |  |      |  |            |  |         |  |                |  |  |  |     |  |      |               |         |   |                        |  |  |  |          |  |  |  |  |   |                                                                     |  |  |  |          |  |  |  |  |   |                                                                           |  |  |  |          |  |  |  |  |      |  |  |      |  |                                    |  |  |  |  |         |  |         |  |  |
| 6 of 47                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Signed:               |               |                       |  |       |  |          |  |          |  |       |  |  |  |      |  |            |  |         |  |                |  |  |  |     |  |      |               |         |   |                        |  |  |  |          |  |  |  |  |   |                                                                     |  |  |  |          |  |  |  |  |   |                                                                           |  |  |  |          |  |  |  |  |      |  |  |      |  |                                    |  |  |  |  |         |  |         |  |  |
| Step 5                             | <p>In the training book there are questions you need to complete, complete them as soon as possible. The books currently refer to the old FINA rules, in your answers follow the new World Aquatics rules, use the blue rule book to guide you.</p> <p>Once you have completed the questions, you will need to show them to Chris Hobbs.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |               |                       |  |       |  |          |  |          |  |       |  |  |  |      |  |            |  |         |  |                |  |  |  |     |  |      |               |         |   |                        |  |  |  |          |  |  |  |  |   |                                                                     |  |  |  |          |  |  |  |  |   |                                                                           |  |  |  |          |  |  |  |  |      |  |  |      |  |                                    |  |  |  |  |         |  |         |  |  |
| Step 6                             | Sign up to meets and ask to be mentored as a stroke judge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |               |                       |  |       |  |          |  |          |  |       |  |  |  |      |  |            |  |         |  |                |  |  |  |     |  |      |               |         |   |                        |  |  |  |          |  |  |  |  |   |                                                                     |  |  |  |          |  |  |  |  |   |                                                                           |  |  |  |          |  |  |  |  |      |  |  |      |  |                                    |  |  |  |  |         |  |         |  |  |



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### Step 7

#### Recording your experience:

Really important you document what you gain experience of. Also ensure you ask mentors to sign that they mentored you, along with the referee after each session. If you are not mentored still record what you do and ask the referee to sign (Tip – keep a record of what you do as you go along through the session and any infractions you report).

When recording what I gained experience of, I noted down the following for each session:

- What race length was and stroke.
- How many heats of each race.
- Noted any DQs I reported, just with the code.
- Brief summary of what I discussed with mentor.

For Example:

10 heats of 100m free

8 heats of 50m back, DQs: 1 x SW6.2 & 2 x SW6.3

15 heats of 50m breast, DQs: 1 x SW7.1

Discussed free, back and breaststroke with mentor, including recognising the difference of butterfly kick and natural movement of body at start of breaststroke.

### Step 8

#### Getting Stoke Competencies signed off:

You are unlikely to get any competencies signed off until you can show you have experience of judging stroke on all strokes. I didn't get anything signed off until after 4 or 5 sessions. To help show the referee you have gained a wide experience of each stroke it is helpful to highlight each stroke and DQs, see examples below. **To be signed off the referee will quiz you in depth with challenging questions. You will need to answer confidently and without errors to be signed off.**

#### Competency Sign-Off Form

|                  | Competency        | Date Achieved | Referee's Signature | Referee's Name | Referee's Reg. No. |
|------------------|-------------------|---------------|---------------------|----------------|--------------------|
| Judge of Stroke: |                   |               |                     |                |                    |
| 1                | Backstroke        | 22.9.23       |                     | N. Brett       | 719176             |
| 2                | Breaststroke      | 22.9.23       |                     | N. Brett       | 719176             |
| 3                | Butterfly         | 22.9.23       |                     | N. Brett       | 719176             |
| 4                | Freestyle         | 15.7.23       |                     | J. Arundell    | 146252             |
| 5                | Individual Medley | 24.9.23       |                     | J. Arundell    | 146252             |
| 6                | Finish Judge      | 23.09.23      |                     | N. Brett       | 719176             |
| 7                | DQ Reporting      | 22.9.23       |                     | N. Brett       | 719176             |
| 8                | Use of Radios     | 24.9.23       |                     | J. Arundell    | 146252             |

| Date, Event & Level                                            | Competency Areas Covered                                                                                                                                                                     | Mentor Comments                                                                                                                                      | Referee Comments               |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| L3 Long Course<br>L3's Workley<br>Number of hours<br>2.5 hours | 1 2 3 4 5 6 7 8<br>Candidate Comments<br>400m Freestyle 5 heats<br>200m IM 3 heats<br>200m Back 11 heats<br>200m breast 8 heats<br>50m breast 14 heats<br>Discussed all strokes with mentor. | Very confident in the rules of all strokes.<br>Had one infraction in the fly part of IM.<br>Discussed turns.<br>Name<br>Zoe Gierke<br>Reg No 1403358 | Name N. Brett<br>Reg No 719176 |



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### Step 9

#### Getting Other Competencies signed off:

Sign off for DQ reporting will include how to complete a DQ report correctly, I was shown a DQ report and ask to identify the errors on it.

You may well need to request to be a finish judge (that's fun!) and to have a session with radios.

Finish judge is quite intense, especially on the the shorter distance races. The easiest way is to write the lane numbers down (without looking at paper) in the order you see them finish eg:

5 4 8 1 3 2 6 7 - you won't always match the referee or the timings but as long as you can most of the time you will be signed off.

You don't necessarily have to use the radios at a meet it can be done via discussion with the referee/mentor:

The use of radios may not be available at all meets but the Candidate should be able to demonstrate the correct use of the radio. This could be undertaken at one of the workshops.

7

Issue 5 – January 2018

The correct procedure for use of radio is:

**You** – “judge of stroke on the far side to the referee”

*Wait for response from referee.*

**Referee** – “go ahead judge of stroke on the far side”.

**You** – “I have a technical infraction to report in heat 2, lane 1”.

**Referee** – will give you further instructions.

### Step 10

Once all competencies are signed off you are a J2. You will need to send a picture of the signed off competencies to Chris Hobbs. She will register that you have completed the training with SE and issue you with a certificate.

Please also let us know so we can keep our records up to-date.

**Thank you for supporting CSC. If you wish to continue your journey further, please let us know so we can guide you on the next step which is to train to be a starter. Before starting this, you will need 20 hours pool side experience as a J2. This experience needs to be recorded in your J2 book and each session signed by the referee at the meet.**

#### Post Qualification Poolside Recording

Following confirmation as a qualified Judge Level 2 official there should be a period of settlement for you to adjust and make the transition from trainee to qualified official. During this time, you will gain more experience and confidence and will be working independently.

British Swimming believes that during this initial period of 20 hours you should continue to complete the poolside assessment forms to ensure that everything is progressing properly and that you continue to demonstrate development.

The completion and documentation of these 20 hours is therefore very important and should not be ignored or skipped but their completion will not prevent you from applying for or attending a Judge Level 2(S) course.

However you will need to complete these 20 hours post Judge Level 2 qualification before you complete the Judge Level 2(S) practical training and before you can be confirmed as having passed your Judge Level 2(S) course.

| Date, Event & Level | Competency Areas Covered |   |   |   |   |   |   |   | Referee Comments |
|---------------------|--------------------------|---|---|---|---|---|---|---|------------------|
|                     | 1                        | 2 | 3 | 4 | 5 | 6 | 7 | 8 |                  |
|                     | Candidate Comments       |   |   |   |   |   |   |   |                  |
| Number of hours     |                          |   |   |   |   |   |   |   | Name<br>Reg No   |