NAKMAS NATIONAL GOVERNING BODY
INSTRUCTOR LICENCE / INSURANCE APPLICATION

PLEASE COMPLETE THIS FORM FULLY IN BLOCK CAPITALS

Application for: **Instructor Licence [ ]** **Assistant Instructor Licence [ ]**

Full Name: ..... Date of Birth: .....

Address: .....

..... Post Code: .....

Telephone Number: (.....) ..... Occupation: .....

Grading History: (Please list all grades from 3rd Kyu or equivalent to current grade. Copy (ies) of certs / grading record is required to substantiate these grades. DO NOT SEND ORIGINALS)

Grade	Date Awarded	Examiner (s)
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Medical History: (Do you suffer from any of the following? Please tick in the box provided)

Allergy (ies) [ ] Asthma [ ] Diabetes [ ] Epilepsy [ ] Haemophillia [ ] Heart Disorder [ ]

Hay Fever [ ] Nervous Disorder [ ] Respiratory Disorder [ ] Migraine [ ] Joint / Skeletal [ ]

HIV [ ] Other [ ] Please give details: .....

Criminal History: Have you ever been charged or convicted with any crime of violence?

Yes [ ] Details:

.....No [ ]

DECLARATION

I declare that the above information is true and correct, and that I will abide by the policies and procedures as laid down by the NAKMAS National Governing Body. I will also inform NAKMAS at the first available opportunity, in writing, should any of the details above change in any way.

I enclose with this application:

1. **Two passport type photographs**
2. **Required application fee**
3. **Copies of certificates / grading records as detailed**

Signed: ..... Date: ..... Club Code: .....

NAKMAS USE ONLY: LICENCE NUMBER: ..... EXPIRY DATE: .....