



Associate Instructor Application Form

Associate Instructor name:

Date of Birth:

Grades: please list below – if applicable

Address and Postal Code

Home Tel:

Mobile:

e-mail:

Qualifications: If applicable

Coaching:

YES / NO

FIRST AID

YES / NO

Health & Safety:

YES / NO

Criminal Records Bureau (CRB) Check:

YES / NO

Have you previously been or are a current member of the BCA? Please give details below:

Please continue to page 2:

**Your Martial Arts History
(Summary)**

What you're looking for from the BCA

Signed

Date:.....

If remitting by post, please send this form, along with payment to:
**The British Combat Association: Unit 12B, The Wellgate Centre,
Ossett, Wakefield, West Yorkshire WF5 8NL**

Telephone:01924 266016

If paying on-line, proceed to payment