



The British School of Kickboxing

Instructor/Coach Application

FORENAME:	
SURNAME:	
ADDRESS:	
POSTCODE:	
PHONE:	
MOB PHONE:	
EMAIL:	
DATE OF BIRTH:	
GENDER:	MALE / FEMALE

What is your principal style/martial art: -	
How many years practice do you have: -	
Do you have any teaching experience: -	YES / NO
How many years teaching experience do you have: -	
Do you have a coaching qualification: -	YES / NO
What kind of coaching qualification do you have: -	
Do you have a instructing qualification: -	YES / NO
What kind of instructing qualification do you have: -	
Do you have a first aid certificate: -	YES / NO
What kind of first aid certificate do you have: -	
Do you have a health & safety qualification: -	YES / NO
What kind of H&S qualification do you have: -	
Do you have a child safety/protection certificate: -	YES / NO
Do you have a criminal record: -	YES / NO

If you do have a criminal record please give full details including dates & convictions: -
Use the space below



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