



British Aikido Board
APPLICATION FORM FOR NEW MEMBER'S INSTRUCTOR INSURANCE

This Form to be Completed where the Applicant does not hold a BAB Coach Award

Name of Applicant: _____

Address: _____

Instructor's Award held (if any): _____

How long have you been instructing? _____

Aikido Rank: _____

DECLARATION

- I hereby apply to be recognised as a Instructor “on Probation” in my Association
- I understand that I must attain a BAB Coach qualification of at least “Level 1” within the next 12 months.
- I recognise that if I do not attain an appropriate Coach qualification within this time, my cover as an Instructor will no longer be valid.

Signed..... Date:.....
(Above-named applicant)

ENDORSEMENT OF ASSOCIATION (*or BAB Membership Officer – see below*)

Name of [New] Association: _____

I confirm that the details above are correct and the above-named instructor is deemed to have sufficient coaching experience to warrant approval of this application

Signed..... Date.....
(Association Head)

*Where the applicant is the Head or Principal of a **new** “Member Association”, this endorsement is to be signed by the BAB Membership Officer who should monitor the probationary period*