

The British Aikido Board
APPLICATION FORM TO REGISTER AS AN “ASSIST ONLY” INSTRUCTOR

Name of Association: _____

Instructor: Name: _____

BAB Qualification: _____ **Awarded:** _____

Address: _____

DECLARATION

- I hereby apply to be registered as an “ASSIST ONLY” Instructor.
- I understand that I may only assist with instruction within clubs that have been registered with the British Aikido Board for Club insurance.
- I hold an Instructor’s qualification that is recognised by the British Aikido Board.
- I hold current Association membership and agree to ensure that my Association membership will remain current when assisting with instruction of Aikido.
- I understand that I may only assist with the instruction of Aikido under the direct supervision of a fully qualified Instructor who also holds full professional indemnity insurance. I understand that I may not deputise for a class Instructor or take charge of a class without said supervision.
- I understand that I may only work with students who also hold current Association membership.
- If I should need to take charge of a class at any time, I understand that I must first take out full professional indemnity insurance.

Signed: _____
(Applicant)

Date: _____

(For office use only)

Approved

Signed: _____

Date: _____

Name: _____

Position: _____

***This form must be retained by the Association for a period of at least 3 years after the insured leaves the organisation or ceases to require cover.**