



APTI Instructor Application

Please complete ALL SECTIONS in BLOCK CAPITALS and return to your instructor

New Application / Renewal

(circle which applies)

APTI School

(The City or Town your school is situated in, not what you call your particular group)

NAME

Age **Gender**

Occupation

ADDRESS (including postcode)

EMAIL

Telephone Numbers: **HOME** **MOBILE**

(Include codes please)

Emergency Next of kin name **Number**

(circle which applies)

Do you have a medical condition or any physical or mental disabilities? **Yes / No**

.....
(If yes, please give details)

(circle which applies)

Have you ever been convicted of a criminal offence? **Yes / No**

.....
(If yes, please give details)

Grade **Date & place of last grading exam**

DECLARATION: I have read and understood the Membership Rules and Regulations overleaf and I agree to abide by those Rules and Regulations (as amended from time to time) should my APTI Ltd. membership continue. In particular I acknowledge that the Rules set out the circumstances in which the APTI Ltd. may be entitled to cancel my membership and instructor's insurance, and contain provisions limiting the APTI Ltd. liability in the case of accidents and injury. I am 18 years or over and take responsibility for any instruction I undertake within any APTI Ltd. school. My instruction will follow APTI Ltd. guidelines and the APTI Ltd have a copy of my CRB disclosure.

Applicant's Signature **Date**

Instructor's Signature **Date**

Signed on behalf of APTI Taekwondo Ltd **Date**