

APPLICATION FORM

Full Name:			
Date of birth:		Email:	
Phone:			
Current address:			
County:		Country:	
Post/Zip Code:			
Current Martial Art:		Current Grade:	
How long Training?		years	
Hours per week you can dedicate to the program:			
Martial Arts School Owner YES / NO		No. Of Students	
No Of Assistants			
Teaching Self Defence Currently YES / NO			
Programme applied for: (please tick)			
1. Self Defence Award <input type="checkbox"/>		2. Self Defence Instructor Cert <input type="checkbox"/>	
3. Combat Coach Diploma <input type="checkbox"/>			

Please list any current training qualifications

Please give some brief details about yourself, training and/or teaching to date and what you wish to achieve from the programme:-

WHAT SPECIALIST AREAS OF PERSONAL COMBAT INTEREST YOU

Please give brief details:

YOUR SECURITY EXPERIENCE

Please give brief a brief description of any Military, Police or Security experience (if applicable):

YOUR CURRENT HEALTH

How would you rate your current state of Health: please select from the list (please tick)

POOR ☐ FAIR ☐ GOOD ☐ EXCELLENT ☐

Current Fitness Level: please select from the list (please tick)

POOR ☐ FAIR ☐ GOOD ☐ EXCELLENT ☐

DO YOU SMOKE? (please tick) YES ☐ NO ☐

CHECKLIST

Please check that you have completed the application form fully

Please enclose 2 current passport sized photographs

Signature: Date:

Please return completed application form and payment to:

WORLD AND BRITISH COMBAT ASSOCIATION. 12B WELLGATE, OSSETT, WAKEFIELD, WEST YORKSHIRE. TEL: 01924 266016

Cheques payable to 'British Combat Association'. Credit Card payments accepted



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