



INSTRUCTOR COURSE APPLICATION FORM

1. Personal Details

Full Name: _____

Male Female Single Married (Tick as appropriate)

Date of Birth: _____ Age: _____ Nationality: _____

Height (cm): _____ Weight (kg): _____

Occupation: _____ Education: *(Last level attained or present study)* _____

Address: _____

_____ Email Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Have you ever undertaken any Martial Art or self-defence course before? Yes No

If above answer is "Yes" name of Martial Art or course: _____

2. Medical/Personal Information

Please list any Medical conditions or physical disabilities which may affect your capacity to train and/or teach others. Include all medical surgeries you have undergone and detail the treatments sought for the conditions/disabilities listed.

3. Personal Statement

Please detail the reasons why you would like to undertake this course (use additional paper if required).

4. Declaration

I hereby declare that the information I have given above is true and correct.

I understand based on the information provided, I may be asked to attend a personal interview.

Applicant Signature

Date

Post Application Form to:

C.M.A. Headquarters
C.P.O. Box 424
Auckland 1
New Zealand; or

Email Application Form to:

info@combinedmartialarts.co.nz