National Ice Skating Association of Great Britain

National Ice Skating Association - Level 2 Skate UK Coach

Mr. / Mrs. / Miss. Surname: _____ First Name: _____

Address: _____

_____

_____ Postcode: _____

Home No: _____ Mobile No: _____

D.O.B: _____ NISA No: _____

Current Rink: _____

E-mail Address _____

Highest NISA Skating Standard:

Free	_____	Date Passed	_____
Figure	_____	Date Passed	_____
Ice Dance	_____	Date Passed	_____
Field Moves	_____	Date Passed	_____
Pair Skating	_____	Date Passed	_____
Synchronized	_____	Date Passed	_____
Short Track Speed	_____	Date Passed	_____

Are you still Competing YES / NO

Do you require Eligibility information YES / NO

Please enclose the course fee of:

NISA Level 2 Coach - £62.00

If payment via cheque, please make payable to NISA. If paying by card or BACS transfer please complete the details in the further membership section.

National Ice Skating Association of Great Britain

MEMBERSHIP/RE-INSTATEMENT APPLICATION FORM – If you currently have NISA membership that is still valid then this section does not have to be completed

Title MR/MRS/MISS/MS

Name _____ Membership No. _____ (if known)

Address _____

Post Code _____

Email _____

Telephone No. _____ Date of Birth _____

Nationality _____

Signature _____

Signature of Parent/Guardian if under 18 _____

FULL MEMBERSHIP **£62.00** ( )
(Open to anyone over 18 years of age)

ASSOCIATE MEMBERSHIP **£55.00** ( )
(Open to anyone under 18 years of age)

Please note: your details will be held on the Association's computer database.
MEMBERSHIP BENEFITS: Personalised Membership card, exclusive range of NISA merchandise, Full voting rights in accordance with the Constitution, £5 Million public liability insurance, Personal accident insurance, One membership fee gives you access to all disciplines, Education and certification programme for coaches, Education programme for Judges, Eligibility to compete in NISA/ISU sanctioned events

METHODS OF PAYMENT

By cheque / postal order made payable to NISA or by credit / debit card:

Full Card Name:……..……..……....Card No:.....

Expiry Date:……..... Issue No (if applicable):…….....

Start Date (if applicable):.....Security Code:.....

Authorising Signature:…….....

Please note all card transactions will be subject to a £0.50p admin charge

Alternatively Payment via BACS Transfer:
Account Name: National Ice Skating Association
Account No: 00690501 **Sort Code**: 12-24-81
If payment is via BACS please add your name as reference along with the word 'COACH'

National Ice Skating Association of Great Britain

Level 2 Skate UK Coach

For skaters with Standard Test Level 3 or above a 12 hour of Mentor training must be undertaken over a six month period.
A chosen mentor may be a level 2 qualified coach however this is **ONLY** permitted as long as the Coach has attended the mentor session at the Coaches Convention in either 2013, 2014 or 2015. All other mentors must be a minimum of level 3 coaching qualification.

Name of Skater: _____

Current NISA Skating Standard: _____

Competency test (if required) _____

Outcome Pass Fail

Chosen Mentor _____

Mentors NISA No. _____

Mentors current Coach level: _____

Mentors address: _____

_____

_____

Postcode: _____

I agree to Mentor the above Skater for a 6 or 12 month period.

Signature of mentor _____

Date _____

The information I enclose with this application is correct and any changes in my circumstances I will inform the NISA head office

Signature of Skater _____

Date _____

Please return the completed form to:

Lisa Burnell, Coach Co-Ordinator
National Ice Skating Association
Unit 4, First Floor
High Cross Street
Hockley
Nottingham
NG1 3AX

National Ice Skating Association of Great Britain

NISA EQUALITY MONITORING FORM

In order to ensure we achieve a balance of stakeholders from different communities we would appreciate you completing this equality monitoring information for us. The information will be used to support our action plans to increase diversity within Ice Skating. This is extremely helpful to us – thank you.

Age

16 -20 ☐ 21 – 30 ☐ 31 – 40 ☐ 41 – 50 ☐ 51 – 60 ☐ 61+ ☐

Gender

Please indicate if you are Male ☐ Female ☐

Do not wish to disclose Yes ☐ No ☐

Ethnic background

Indicate in the appropriate box your ethnic background. *Ethnic categories are not about nationality, place of birth or citizenship. They are about the group to which you feel you belong to. The descriptions below are from the 2011 census.*

White		**Mixed**		**Asian or Asian British**	
British English	☐	White & black Caribbean	☐	British -Indian Indian	☐
Irish	☐	White & black African	☐	British- Pakistani Pakistani	☐
Scottish	☐	White & Asian	☐	British –Bangladeshi Bangladeshi	☐
Welsh	☐	Mixed background	☐	British-Chinese Chinese	
Gypsy or Irish Traveller	☐	Mixed other background	☐	Any other Asian background	☐
Any other white background	☐				

Black or Black British		**E Chinese or Other Ethnic Group**	
Black-Caribbean	☐	Chinese	☐
Caribbean	☐		
British-African	☐	Other	☐
African	☐		
British	☐		
Other	☐		

Any other black background ☐

Other Background

Prefer not to disclose ethnic origin ☐

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Disability

Under the Equality Act 2010, disability is defined as a physical or mental impairment that has a substantial and long term adverse effect on the ability to carry out normal day to day activities. Substantial means more than minor or trivial. Impairment covers, for example, long term medical conditions such as asthma and diabetes, and fluctuating or progressive conditions such as rheumatoid arthritis or motor neurone diseases. A mental impairment includes mental health conditions (such as bipolar disorder or depression), learning difficulties (such as dyslexia) and learning disabilities (such as autism and Down's syndrome). Some people including those with cancer, multiple sclerosis and HIV/AIDS are automatically protected as disabled people by the Act.

Do you consider yourself to meet this definition?? Yes ☐ No ☐

If you have indicated yes please indicate the impairment/s that you feel apply to you:

Blind/partially sighted	☐	Learning disability	☐
Deaf/hard of hearing	☐	Communication barriers	☐
Physical disability	☐	Experience of mental & emotional distress	☐
		Do not wish to disclose Yes ☐ No ☐	

Religion or Belief

Buddhist	☐	Muslim	☐
Christian	☐	Sikh	☐
Hindu	☐	No Religion/Faith	☐
Atheist	☐	Mormonism	☐
Jewish	☐	Jehovah's Witness's	☐
		Other faith background	☐
Prefer not to say	☐		

Sexual orientation

Heterosexual/Straight	☐	Gay Woman/Lesbian	☐
Gay Man	☐	Bisexual	☐
Prefer not to say	☐	Other	☐