



**NATIONAL COACHING CERTIFICATION PROGRAMME
APPLICATION FORM – LEVEL 2B DEVELOPMENT**

MR/MRS/MISS _____

SURNAME _____ FIRSTNAME _____

ADDRESS _____

_____ POST CODE _____

TELEPHONE NUMBER _____ NISA MEMBERSHIP NUMBER _____

DATE OF BIRTH _____

CURRENT RINK _____

EMAIL ADDRESS _____

CHOSEN DISCIPLINE _____

- LEVEL 2B Development []

Date on which preceding level was fully passed []

HIGHEST NISA SKATING STANDARD, if applicable. (All records will be checked)

FIGURE	[]	DATE PASSED	[]
FREE	[]		[]
ICE DANCE	[]		[]
FIELD MOVES	[]		[]
PAIR SKATING	[]		[]
SYNCHRONIZED	[]		[]
SPEED SKATING	[]		[]

ARE YOU STILL COMPETING? YES / NO. Do you require Eligibility information? YES / NO



In order to comply with our Ethnicity Plan and to improve customer care, you are requested to kindly complete the voluntary information tables below:

Ethnic Origin: Male Female *Please tick as appropriate*

	Individual Member	NISA Official (Judge/ Ref etc.)	Coach
White			
Black African			
Black Caribbean			
Black – other			
Indian			
Pakistani			
Bangladeshi			
Chinese			
Asian – other			
Other ethnic minority			

Disabilities:

	Individual Member	NISA Officials (Judge/Ref etc.)	Coach
Deaf			
Visually Impaired			
Physical disability			
Learning disability			
Multiple disability			