



National Ice Skating Association - Level 2 Coach Class C Application form

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 - £263.00

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.



Educational Information

Date From	To	Secondary Schools, Colleges, University attended – including Part Time	Qualifications gained or pending – please state subject and level	Grade

Please include copies of any Sports Coach UK courses you may have attended within the last 3 years.

Please include a copy of a current First Aid Certificate (if applicable)



Mentor Coach Level 2 Coach

For skaters with Standard Test Level 6 standard test or above a 50 hour of Mentor training must be undertaken over a six month period.

A chosen mentor may now 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 and they must have been an independently qualified coach for 3 years or more. 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
High Cross Street
Hockley
Nottingham
NG1 3AX



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. _____
 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’

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 | <input type="checkbox"/> | Learning disability | <input type="checkbox"/> |
| Deaf/hard of hearing | <input type="checkbox"/> | Communication barriers | <input type="checkbox"/> |
| Physical disability | <input type="checkbox"/> | Experience of mental & emotional distress | <input type="checkbox"/> |
| | | Do not wish to disclose | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Religion or Belief

- | | | | |
|-------------------|--------------------------|------------------------|--------------------------|
| Buddhist | <input type="checkbox"/> | Muslim | <input type="checkbox"/> |
| Christian | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | No Religion/Faith | <input type="checkbox"/> |
| Atheist | <input type="checkbox"/> | Mormonism | <input type="checkbox"/> |
| Jewish | <input type="checkbox"/> | Jehovah's Witness's | <input type="checkbox"/> |
| | | Other faith background | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> | | |

Sexual orientation

- | | | | |
|-----------------------|--------------------------|-------------------|--------------------------|
| Heterosexual/Straight | <input type="checkbox"/> | Gay Woman/Lesbian | <input type="checkbox"/> |
| Gay Man | <input type="checkbox"/> | Bisexual | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> | Other | <input type="checkbox"/> |