

Federation of English Karate Organisations International Federation of English Karate Organisations Federation of Martial Arts

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Instructor Registration

Membership automatically includes Professional Indemnity Insurance.

Title	Forename	es									
Surname											
Address											
Post code		Tel No	Mobile	E-mail							
Association Name, (directly registered with FEKO Int)											
Dan Grade or equivalent		Dan Grade or equivalent date		nte	Date of birth						
Martial Art type & style											
Coaching Qualifications											
FEKO Int/FMA registration (pink/green slip) Number Date of issue:											
DBS No:				 Dat	e of issue:						
Safeguarding & Child Protection registration number Date of issue:											
First Aid Qualification(s)					Date of issue:						
Do you have criminal convictions involving paedophilia or sexual assault or violence now or pending: YES/NO?											
Have you had a previous claim under Professional Liability Insurance YES/NO? (If so please provide details overleaf)											
By returning this form you agree to the terms and conditions and that all the information given is correct.											
Signature					Date:						
Return to Noel Mantock at the above address by post or by e-mail. Fee paid £75.00 by Cheque by Bank Transfer (Bank transfer details: FEKO International NatWest Bank. Branch sort code 51-70-06 Account number 51746174) Instructor/Coach indemnity insurance cover is for 12 months and is only valid with Association membership and a current FEKO Int/FMA individual registration receipt. Confirmation certificates are issued on a current year basis. Safeguarding & Child Protection Policy registration is compulsory for all Instructors & Coaches. You will require a DBS enhanced disclosure issued within the last 3 years. (This is dependent on current legislation). Association Instructor/Coaches are appointed or approved by the registered group.											
Official use	only: Date rece	eived with navment	 DR er	tered	Certificate sent						

PREVIOUS PUBLIC LIABILITY INSURANCE CLAIM

Please provide full details here									