

BGA GLIDING INSTRUCTOR COMPLETION COURSE RECORD

Please complete the form in BLOCK CAPITALS using black or dark blue ink. Complete all boxes.

1. APPLICANTS PERSONAL DETAILS

Surname:	Forename:
BGA Reference Number: →	
Date of Birth:	Town of Birth:
Nationality:	
Permanent Address:	
Postcode:	
Email:	Telephone:
	Mobile:
Member of which BGA Club?	

2. INSTRUCTOR COMPLETION COURSE COURSE RECORD

As the course instructor/coach, I confirm that the following training was satisfactorily completed as described below;

Place of Course:	Date:
Total Hours Flown:	Winch Launches Flown:
Total Launches Flown:	Winch Launch Failures:
Briefing Subjects	
1.	2.
3.	4.

Course Instructor or Coach	
Signed:	Name:
Date:	Place:

3. APPLICANTS GLIDING QUALIFICATION & EXPERIENCE DETAILS

Silver Badge No:	Total Gliding Hours:
Hours P1 in the previous 12 months	Launches P1 in the previous 12 months
Solo Gliding:	Solo Gliding:
Solo SLMG or TMG:	Solo SLMG or TMG:
Instructing in Gliders:	Instructing in SLMG or TMG:

4. DECLARATION BY APPLICANT

I understand the privileges and limitations of the rating associated with this record.

As the applicant, I declare that the information supplied on this form is accurate to the best of my knowledge.

I understand that sections 1 – 4 inclusive on this application form must be completed.

I understand that this **completed and signed application** must be forwarded to the BGA office, either by;

- Email to office@gliding.co.uk as a pdf attachment (less than 1mb, please)
- Post to BGA, Kimberley House, Vaughan Way, Leicester, LE1 4SE

Please note that this form cannot be accepted by FAX.

Signed:	Name:
Date:	Place:

There is no BGA fee associated with this application