

BRITISH GLIDING ASSOCIATION

FOR OFFICIAL USE ONLY

**BGA EXAMINER or COACH
RATING APPLICATION**

Date Received

Please complete the form in clear block capitals using dark ink and submit to the BGA

Payment - Please use the attached payment form.
Current fees are on the BGA website www.gliding.co.uk

1. APPLICANTS PERSONAL PARTICULARS

Applicants BGA Reference Number (if known)

Title.....Surname.....

Forenames.....Nationality.....

Date of Birth.....Place of Birth.....

Postal Address.....

Post Code.....Email Address.....

Tel No.....Mobile No.....

Preferred contact method – email or letter?

BGA Club.....

2. MEDICAL FITNESS – NPPL MEDICAL DECLARATION OR OTHER MEDICAL STATUS CURRENTLY HELD

Please tick - NPPL Group 1 () NPPL Group 2 () JAR Class 1 () JAR Class 2 ()

3. APPROVING EXAMINER DECLARATION

Place of approval test.....Date.....

I recommend that.....the following rating is issued (please highlight the correct SINGLE rating to be approved);

BI Coach BI Examiner Regional Coach Regional Examiner Aerobatic Examiner

Approving Examiner Name.....Signature.....

4. APPLICANTS DECLARATION

I certify that the particulars on this form are correct to the best of my knowledge and belief. I understand the privileges and limitations of the rating and my personal responsibilities including medical fitness and currency.

Signed.....Surname.....Date.....

BGA OFFICE USE ONLY

Date National Coach advised

By Who (BGA office staff name)

