

BRITISH GLIDING ASSOCIATION

FOR OFFICIAL USE ONLY

BGA ASISTANT INSTRUCTOR RATING COMPLETION
COURSE NOTIFICATION

Date Received

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

There is no payment required with this application

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 ()

4. COMPLETION COURSE RECORD & COACH DECLARATION

Place of completion course.....Date.....

I certify that.....has completed the BGA completion course to my satisfaction.

Course Coach Name.....Signature.....

7. 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.....