

BRITISH GLIDING ASSOCIATION

FOR OFFICIAL USE ONLY

BGA INSTRUCTOR RATING INITIAL ISSUE

(initial issue of the BGA Basic, Assistant, Full Instructor ratings)

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

There is no payment required with this application

Date Received

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. RATING TO BE ISSUED - Please tick one box only & note the mandatory fields

Basic Rating 1, 2, 3, 4, 5, 6		Assistant Rating 1, 2, 3, 4, 5, 6		Full Rating 1, 2, 3, 4, 5, 6	
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4. COURSE COACH / EXAMINER DECLARATION

I confirm that the applicant(name) has completed an approved BGA course / full rating test (delete as appropriate) and therefore subject to CFI declaration, I recommend the issue of a BGA Basic / Assistant / Full rating (delete as appropriate).

Date of Instructor Course or Test.....Location.....

Name.....Signature.....Date.....

5. APPLICANTS DECLARATION

I certify that I have the required gliding experience to hold the rating I am applying for as published in the current edition of BGA Laws and Rules.

I understand the privileges and limitations of the rating I am applying for (see section 3 above)

I understand that a new assistant rated instructor must complete a BGA instructors course completion course within 18 months

I understand that I must submit this application with the completed BGA course/test record

I declare that to the best of my knowledge the information on this form is accurate

Name.....Signature.....Date.....

6. CFI DECLARATION - to be completed by the applicants BGA CFI

I understand the experience requirement as described in BGA Laws and Rules and hereby recommend this applicants **Basic / Assistant / Full** rating (delete as required – only one rating may be applied for on this form)

Name.....Signature.....

Date.....BGA Reference No.....