

BRITISH GLIDING ASSOCIATION

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 by post or by email office@gliding.co.uk Please use the attached payment form. Current fees are on the BGA website

Data protection notice.

On receipt, the BGA protects the personal data supplied in this application form in accordance with its data protection policies, notices and procedures. The details, including your rights in respect of your data held by us, are at <https://members.gliding.co.uk/library/data/>

1. APPLICANTS PERSONAL PARTICULARS – *all applicants*

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

Forenames.....

Date of Birth.....

Postal Address.....

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

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

BGA Club.....

2. RATING TO BE ISSUED - *Please tick one box only*

Basic Rating		Assistant Rating		Full Rating	
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3. APPLICANTS DECLARATION – *all applicants*

I certify that I understand and have the required gliding experience to exercise the privileges of the rating I am applying for as published in Laws and Rules, and

I understand that a new assistant rated instructor must complete a BGA 'post instructor course review' within 18 months, and

I understand that it is my responsibility to ensure that I meet the requirements necessary to maintain the validity of my instructor rating, and

I understand that if applying for a BI or Assistant Instructor rating, I must include the completed BGA course record with this application, and

I understand the relevant medical requirements, and

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

Signature.....

Date.....

4. ASSESSMENT DECLARATION

- *for a **BI rating** the declaration is to be completed by the applicants **BGA CFI or an RE** following assessment. See 'BGA Examiner Standards' for guidance.*
- *for **Assistant and Full Ratings** the declaration is to be completed by a **BGA RE** following the instructor assessment. See 'BGA Examiner Standards' for guidance.*

I understand the requirement as described in BGA Laws and Rules, and

I have assessed the applicant, and

I hereby recommend the BGA issues the applicants **Basic / Assistant / Full** rating (*delete as required – only one rating may be applied for on this form*)

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

CFI / BGA RE (delete as appropriate – see above)

Date.....

5. PAYMENT (please note that the payment/credit card details are destroyed following payment)

All fees are payable in advance with the application
 Cheques must be payable to 'The British Gliding Association'

If paying by cheque, please enter the amount here £ _____

If paying by credit or debit card, please complete the following:

Card Holders Name (in full)																															
Amount in £ sterling	£																														
Card No																															
Expiry Date	__ __ / __ __								Valid From								__ __ / __ __														
Card Security No. (last 3 numbers)	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td><td></td><td></td> </tr> </table>																														
Address of Cardholder if different from applicant	 Postcode:																														

Fees are detailed on the BGA members website