

PLEASE
ATTACH
PHOTOGRAPH
HERE

AMATEUR MARTIAL ASSOCIATION

Unit 32 & 33 Hardman Street, off Hornby Street, Bury, Lancs, BL9 5BL

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General Secretary/Hon Treasurer: Peter Allen

SENIOR UP-GRADE APPLICATION FORM

PERSONAL DETAILS

NAME: _____

GRADE APPLIED FOR: _____

ADDRESS: _____

DATE OF BIRTH: _____

STYLE: _____

DATE STARTED: _____

TELEPHONE: _____

TOTAL YEARS IN M/ARTS: _____

CURRENT AMA LICENCE: _____

GROUP/CLUB DETAILS

GROUP/CLUB NAME: _____

TOTAL NUMBER OF DOJOS: _____

TOTAL NUMBER OF MEMBERS: _____

AMA CLUB CODE: _____

MAIN DOJO ADDRESS: _____

No. OF NIGHTS TRAINING: _____
(per week)

No. OF LICENCE RETURNS: _____
(per year)

CRB NO: _____

CHILD-PROTECTION AWARENESS: Y/N
(if teaching children)

MARTIAL ARTS HISTORY (please supply copies of all grades and qualifications noted here)

GRADES HELD:

| GRADE | DATE AWARDED | STYLE | ASSOCIATION | GRADING PANEL(NAMES) |
|-------|--------------|-------|-------------|----------------------|
|-------|--------------|-------|-------------|----------------------|

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|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

COACHING QUALIFICATIONS: _____

REFEREEING QUALIFICATIONS: _____

FIRST AID QUALIFICATIONS: _____

