



National Ice Skating Association - Level 2 Coach Class C Application form

Mr. / Mrs. / Miss. Surname: _____ First Name: _____
 Address: _____

 _____ Postcode: _____
 Home No: _____ Mobile No: _____
 D.O.B: _____ NISA No: _____
 Current Rink: _____
 E-mail Address _____

Highest NISA Skating Standard:

Free	_____	Date Passed	_____
Figure	_____	Date Passed	_____
Ice Dance	_____	Date Passed	_____
Field Moves	_____	Date Passed	_____
Pair Skating	_____	Date Passed	_____
Synchronized	_____	Date Passed	_____
Short Track Speed	_____	Date Passed	_____

Are you still Competing YES / NO
 Do you require Eligibility information YES / NO

Please enclose the course fee of:
 NISA Level 2 Coach - £240.00

Price to include the following: Resource Pack, Workshops
 Assessments, Skating specific theory & practical

Payment Methods

By Cheque / Postal Order made payable to NISA or by credit / debit card *(please note all card transactions will be subject to a 5% card charge)*

Card Name:..... Card No:.....

Expiry Date:..... Issue No (if applicable):..... Security Code:.....

Authorising
 Signature:.....



Educational Information

Date From	To	Secondary Schools, Colleges, University attended – including Part Time	Qualifications gained or pending – please state subject and level	Grade

Please include copies of any Sports Coach UK courses you may have attended within the last 3 years.

Please include a copy of a current First Aid Certificate (if applicable)



Mentor Coach
Level 2 Coach

For skaters with Standard Test Level 6 standard test or above a 50 hour of Mentor training must be undertaken over a six month period.

Mentor coaches must have a minimum of level 3 coaching qualification.

Name of Skater: _____
Current NISA Skating Standard: _____
Competency test (if required) _____
Outcome Pass Fail
Chosen Mentor _____
Mentors NISA No. _____
Mentors current Coach level: _____
Mentors address: _____

Postcode: _____

I agree to Mentor the above Skater for a 6 or 12 month period.

Signature of mentor _____
Date _____

The information I enclose with this application is correct and any changes in my circumstances I will inform the NISA head office

Signature of Skater _____
Date _____

Please return the completed form to:
Lisa Burnell, Coach Co-Ordinator
National Ice Skating Association
Unit 4, First Floor
High Cross Street
Hockley
Nottingham
NG1 3AX



MEMBERSHIP APPLICATION FORM – if applicable

National Ice Skating Association (UK) Ltd, Unit 4 First Floor, High Cross Street, Nottingham, NG1 3AX, Telephone: 0115 9888064 Fax: 0115 9888061, E-mail: testmembership@iceskating.org.uk
Website: www.iceskating.org.uk Web shop: www.nisastore.org.uk

Title	MR/MRS/MISS/MS	Membership No.	_____
Name	_____		(office use only)
Address	_____	Post Code	_____
Email	_____	Date of Birth	_____
Telephone No.	_____		
Nationality	_____		
Signature	_____		
Signature of Parent/Guardian if under 18	_____		

FULL MEMBERSHIP	£59	()
(Open to anyone over 18 years of age)		
ASSOCIATE MEMBERSHIP	£52	()
(Open to anyone under 18 years of age)		

PLEASE INDICATE WHICH DISCIPLINES YOU PARTICIPATE IN:
(You may tick more than one box)

Dance Pairs Singles Speed Synchronized

Please note: your details will be held on the Association's computer database.

MEMBERSHIP BENEFITS

Personalised Membership card, exclusive range of NISA merchandise, Full voting rights in accordance with the Constitution, £5 Million public liability insurance, Personal accident insurance, One membership fee gives you access to all disciplines, Education and certification programme for coaches, Education programme for Judges, Eligibility to compete in NISA/ISU sanctioned events

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Authorising

Signature:.....



In order to comply with our Ethnicity Plan and to improve customer care, you are requested to kindly complete the voluntary information tables below:

Male Female Please tick as appropriate

Ethnic Origin:

	Individual Member	NISA Official (Judge/ Ref etc.)	Coach
White			
Black African			
Black Caribbean			
Black – other			
Indian			
Pakistani			
Bangladeshi			
Chinese			
Asian – other			
Other ethnic minority			

Disabilities:

	Individual Member	NISA Officials (Judge/Ref etc.)	Coach
Deaf			
Visually Impaired			
Physical disability			
Learning disability			
Multiple disability			

