



National Ice Skating Association - Assistant Coach Level 1
Application form

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

Address: _____

Postcode: _____

Home No: _____ Mobile No: _____

D.O.B: _____ NISA No: _____

Email Address: _____

Current Rink: _____

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:

Skate Coach Level 1 - £180.00

Price to include the following:

Resource Pack

One day workshop

Assessment Day – Generic Coaching theory

Skating specific theory/technical

Please make your cheque payable to NISA. If paying by card please complete the details in the further membership section.

PLEASE EMAIL A DIGITAL PHOTOGRAPH OF YOURSELF TO
lisa.burnell@iceskating.org.uk for your completed licence card.



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
Skate Coach Level 1

For skaters currently under Standard Test Level 1 a competency test must be carried out before starting the programme. This test will be assessed by your chosen Mentor Coach and includes various elements from the Skate UK Star Programme.

For all other skaters above Standard Test Level 1 but below Standard Test Level 6 standard test a 100 hours Mentor training programme must be undertaken over a twelve month period. 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

Name of Skater: _____

Current NISA Skating Standard: _____

Competency test (if required) _____

Outcome	Pass	Fail
Chosen Mentor	_____	_____
Mentors NISA No.	_____	_____
Mentors current Coach level(minimum level 2:	_____	_____
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
National Ice Skating Association
Grains Building, High Cross Street
Nottingham, NG1 3AX



MEMBERSHIP/RE-INSTATEMENT APPLICATION FORM

Title MR/MRS/MISS/MS

Name _____ Membership No. _____
 _____ (if known)

Address _____
 _____ Post Code _____

Email _____

Telephone No. _____ Date of Birth _____

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)

Why do you wish to join the Association? (You may tick more than one box)

Skate () Coach () Judge () Official ()

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

Dance Figure Synchronized Speed Recreational

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

MEMBERSHIP BENEFITS

Personalised Membership card, exclusive range of NISA merchandise, “Ice Link”, the official voice of ice-skating, six issues per annum, 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

METHODS OF PAYMENT:

By cheque / postal order made payable to NISA or by credit / debit card:

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

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

Start Date (if applicable):.....Security Code:.....

Authorising Signature:.....

Please note all card transactions will be subject to a 5% charge



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			

