



NISA LOCUM TEST ORGANISER APPLICATION FORM

CANDIDATE DETAILS

CANDIDATE NAME _____

CANDIDATE NISA NUMBER _____

CANDIDATE ADDRESS _____

CONTACT NUMBERS
(for NISA use only) _____

CONTACT EMAIL ADDRESS
(for NISA use only) _____

CANDIDATES STATEMENT

Please state briefly your interests and declare any possible areas of conflict
Eg. Family or close friends who test / complete / take lessons / coach

Signature _____

All data supplied with reference to this application will only be used for this purpose and stored in line
with the NISA Privacy Notice.

The Test Organiser is a voluntary NISA appointed official and represents all skaters training within the rink.

APPLICATION ACCEPTED BY (for NISA use only)

NAME _____

POSITION _____

APPLICATION AUTHORISED BY (for NISA use only)

NAME _____

POSITION _____

Please return the completed and signed form to the NISA Office – Test & Membership Co-Ordinator - by post, email or fax:

NISA, Grains Building, High Cross Street, Hockley, Nottingham, NG1 3AX

TestMembership@iceskating.org.uk Fax 0115 9888 061