



## ASSISTANT INSTRUCTOR QUALIFICATION – APPLICATION & VERIFICATION FORM

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### APPLICANT DETAILS

Full Name:

Date of Birth:

TCUK eCard Number:

Club:

Current Grade:

Date Grade Achieved:

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### ELIGIBILITY

- Age 14–17 Black Belt
  - Age 18+ Red Belt or above
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### REQUIRED LEARNING (EVIDENCE ATTACHED)

- BMABA Introduction Training
  - BMABA Level 1 Instructor
  - Concussion and Head Injury Management
  - First Aid Essentials
  - Mental Health First Aid
  - Safeguarding in First Aid
  - Risk Assessment and Safe Practice in Martial Arts
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### SUPERVISED TEACHING EXPERIENCE

Hours Completed: \_\_\_\_\_

Teaching Period:

From: \_\_\_\_\_

To: \_\_\_\_\_

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### PLATINUM MEMBER VERIFICATION

I confirm that the applicant:

- Has completed the required learning
- Has completed a minimum of 10 hours supervised teaching experience
- Demonstrates safe practice
- Demonstrates appropriate communication skills
- Demonstrates appropriate professionalism and conduct
- Demonstrates an understanding of safeguarding responsibilities

I recommend that the applicant be awarded the TCUK Assistant Instructor Qualification.

Instructor Name:

TCUK eCard Number:

Membership Level:  Platinum Member

Club:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### **APPLICANT DECLARATION**

I confirm that the information provided in this application is accurate and complete.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### **PARENT / GUARDIAN CONSENT (IF UNDER 18)**

I consent to the applicant undertaking the TCUK Assistant Instructor Qualification pathway and participating in supervised teaching activities.

Name:

Relationship to Applicant:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### **TCUK QUALIFICATION RATIFICATION**

Date Received:

Checked By:

Learning Evidence Verified:

Qualification Approved:

Qualification Recorded:

Certificate Issued:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_