



Isshinkai Association

Application Form

Fixed-term Teaching License (one year)

Name:

As you would want it to appear on the Certificate

Aikido Grade:

Dan

My Teacher is:

My Club/Dojo is:

My Postal Address is:

Postcode

Email:

Mobile:

Home:

Work:

Best time to contact me by phone:
(Please Tick Days)

Monday

Tuesday

Wednesday

Thursday

Friday

Time period

Time period

Time period

Time period

Time period

-

-

-

-

-

Where:

Where

Where

Where

Where

BAB Insurance Certificate No:

Previous Isshinkai Teaching Licence No:

Previous Teaching Licence Issue Date:

Technical Contact with the President of the Isshinkai Association

During the last year, I attended...

	Dates
	Dates
	Dates
	Dates



Isshinkai Association

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Development as a Teacher within the last year

(Personal & Professional Development)

Not necessarily directly connected to Aikido

From:	Date	To:	Date
From:	Date	To:	Date
From:	Date	To:	Date
From:	Date	To:	Date
From:	Date	To:	Date

Aikido Teaching Experience during the last year

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I hereby apply for an Isshinkai Academy Teaching License Certificate

Signature	Date
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