

Application for Club/Dojo Membership to Wado Aiwakai Karate-do Federation (AIWAKAI)

Notes:

- 1. ALL parts to be completed by ALL applicants
- 2. Should you require any assistance with this form please use the contact details below.
- 3. Completed application forms and appropriate fees to be forwarded to
- General secretary Jackie Machin 12 Rowlands Avenue, Bentley, Walsall, WS2 0ET
- 4. All cheques to be made payable to the WAK Fed.
- 5. Dojo Fee £35.00

Club Contact Details

Club Name:
Chief Instructors Name:
Secretary Name:
Main email:
Club Mailing Address:
Postcode:
Mobile Phone Number:
Landline Phone Number:
Website Address:
Facebook:
Twitter:
Other Contact:

Club Demographics

Total Number of students:	
Number of children (Under 16):	Number of adults:

Please complete the following table with ALL details you wish to appear on the Aiwakai official website

Training Days / Times / Venues Instructors: Training Venue / Age / Grade Times Days Monday Tuesday Wednesday Thursday Friday Saturday Sunday Dojo Address: Other Info:

Please complete the following table with details of ALL club/dojo instructors AND any club/dojo volunteers

Note: It is a requirement for ALL AIWAKAI clubs to ensure they meet with the following criteria, failure to do so may result in suspension of AIWAKAI membership.

- At least one instructor, usually the Chief Instructor must hold Instructor Indemnity Insurance for each venue. Available via the EKF by following the link: <u>www.englishkaratefederation.com/</u> <u>membership/instructors-insurance.php</u>
- 2. It is a legal requirement for anyone who works with children and/or vulnerable adults (paid or unpaid) to have an enhanced DBS check. AIWAKAI requires all club instructors and anyone else involved in running a club/dojo to hold an enhanced DBS.
- 3. Every instructor should aim to hold a valid First Aid Qualification at all times. AIWAKAI Clubs/Instructors have a duty of care to ensure that a qualified First Aider is available at all classes.

Instructors/Volunteers Name:		DOB:	
Criteria/Qualifications	Date (Exp/ Passed)	De	tails
Instructor Public Liability Insurance (PLI)			
Enhanced Disclosure Barring Service (DBS)			
First Aid			
Grade			
Referee/Officials			
EKF Licence No.			
Started Karate			

Club/dojo Instructors & Volunteers info

Club/dojo Instructors & Volunteers info

Instructors/Volunteers Nam	e: 🖌	DOB:		
Criteria/Qualifications	Date (Exp/ Passed)	Details		
Instructor Public Liability Insurance (PLI)	Q	5		
Enhanced Disclosure Barring Service (DBS)	10	33		
First Aid	7 - (
Grade				
Referee/Officials				
EKF Licence No.				
Started Karate				

Club/dojo Instructors & Volunteers info

Instructors/Volunteers Name:		DOB:	
Criteria/Qualifications	Date (Exp/ Passed)	Details	
Instructor Public Liability Insurance (PLI)			
Enhanced Disclosure Barring Service (DBS)			
First Aid			
Grade			
Referee/Officials			
EKF Licence No.			
Started Karate			

Club/dojo Instructors & Volunteers info

Instructors/Volunteers Name:			DOB:
Criteria/Qualifications	Date (Exp/ Passed)	Det	tails
Instructor Public Liability Insurance (PLI)			
Enhanced Disclosure Barring Service (DBS)			
First Aid			
Grade			
Referee/Officials			
EKF Licence No.			
Started Karate			

Details of ALL AIWAKAI Dan Grades (if not detailed previously)

Full Name:	DOB:
Grade:	Date Achieved:
Email:	
Date Started Karate:	
Full Name	DOD

Full Name:	DOB:
Grade:	Date Achieved:
Email:	
Date Started Karate:	

Full Name:	DOB:
Grade:	Date Achieved:
Email:	
Date Started Karate:	

Full Name:	DOB:
Grade:	Date Achieved:
Email:	
Date Started Karate:	

Full Name:	DOB:
Grade:	Date Achieved:
Email:	
Date Started Karate:	

Please copy this page if required

All AlWAKAI clubs must agree to abide by the policies and procedures detailed in the constitution and adhere to the best practice guide for instructors & clubs

(Further information can be found on the AIWAKAI official website or by contacting the Chairman)

Declaration

I certify that to the best of my knowledge and belief, the foregoing details are correct and in the event of my club/dojo being accepted, I undertake to abide by the constitution and byelaws of AIWAKAI.

Print Name (Chief Instructor)	わると
Signature (Chief Instructor)	
Date	

APPLICATIONS TO BE FORWARDED TO THE GENERAL SECRETARY: JACKIE MACHIN, 10 NEWTON ROAD, WALSALL, WS2 7ES

AIWAKAI RESERVES THE RIGHT TO DECLINE ANY APPLICATIONS WITHOUT GIVING A REASON