

INSTRUCTORS REGISTRATION FORM

1st January 2010 – 31st December 2010

PERSONAL DETAILS - *Please use BLOCK capitals and print clearly*

Title _____	Forename _____	Surname _____
Contact Address: _____		Tel. No. (daytime): _____
_____		Tel. No. (evening): _____
_____		Mobile: _____
Postcode _____	Email: _____	

Do you prefer your mailing/updates to be emailed or posted

BRANCH

Ballymena Belfast Newtownabbey

QUALIFICATIONS Please indicate which qualifications you hold:

- | | | | |
|---|---|---|---|
| RSA/OCR ETM or GYM <input type="checkbox"/> | Resistance & Circuits <input type="checkbox"/> | Training Staff <input type="checkbox"/> | Bounce/Fitball <input type="checkbox"/> |
| Recreative Movement <input type="checkbox"/> | Ante/Post Natal <input type="checkbox"/> | 50+ Module <input type="checkbox"/> | Pilates <input type="checkbox"/> |
| Aquafit <input type="checkbox"/> | Tots2Teens (FormerlyAFC) <input type="checkbox"/> | Step Award <input type="checkbox"/> | Tae Combat <input type="checkbox"/> |
| Chair Based Exercise & Ability Fitness <input type="checkbox"/> | CYQ KIDS <input type="checkbox"/> | Personal Trainer <input type="checkbox"/> | KaraTrobics <input type="checkbox"/> |
| | Cardiac/Rehabilitation <input type="checkbox"/> | | |

Other (*Please specify*) _____

If you have any qualification, other than a Fitness Northern Ireland qualification, and wish to be covered by insurance to teach this discipline, please supply a copy of your qualification certificate. This will not be returned to you.

AVAILABILITY Please indicate if you permit your name to be circulated freely as available for taking extra classes (*please circle below*)

Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday		
am	pm	eve	am	pm	eve	am	pm	eve	am	pm	eve	am	pm	eve	am	pm	eve	am	pm	eve

!!! REMEMBER !!!

In line with Fitness Northern Ireland Insurance Policy, you are required to actively update your knowledge on a regular basis otherwise your insurance may be invalidated.

Please complete all parts of form, enclose registration fee, class registration form and return to:

Fitness Northern Ireland – INSTRUCTORS REGISTRATION

The Robinson Centre, Montgomery Road, BELFAST BT6 9HS

Tel/Fax: 028 9070 4080: Email: fitnessni@aol.com: www.fitnessni.org

Fitness Northern Ireland is an Equal Opportunities Organisation

COMMITTEES

There are a number of sub-committees working within Fitness Northern Ireland. If you have special attributes or qualities that may be of use on any of these committees, please indicate if you would be willing to serve:

Training Committee Championship Committee
Funding Committee Branch Committee

REGISTRATION AND PAYMENT

I would like to register as the following and have enclosed the appropriate registration fee:

REGISTERED INSTRUCTOR

includes insurance (see below) and free class advertisement (see next page) £80.00

ASSOCIATE INSTRUCTOR (without insurance) £20.00

NB: If you require a receipt please enclose a stamped addressed envelope

Public Liability Insurance to a limit of £5,000,000

This indemnifies the insured for damages and legal costs arising out of third party bodily injury or third party property damage.

Professional Indemnity to a limit of £5,000,000

This indemnifies the insured for breaches of professional duty arising from negligent acts, errors or omissions. This policy covers the risk specific to the sporting activity.

PAYMENT DETAILS

Paying by Cheque – cheques should be made payable to **Fitness Northern Ireland**

I have enclosed a cheque for the sum of: £ _____

Paying by VISA or MASTERCARD - (NB. A 6% charge will be added to all credit card transactions)

Please tick: VISA MASTERCARD

Card No _____ Expiry Date _____

Cardholders Name _____ *(Please print)*

Signature _____ Date _____

Please ensure that the following are enclosed:

CHEQUE CLASS REGISTRATION FORM *(if applicable)*

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FREE CLASS ADVERTISEMENT

This year if you take out Fitness Northern Ireland Insurance we will advertise your class for free on our website. Please fill out the table below if you wish to avail of this offer. Only one class may be advertised at any one time. It will be your responsibility to notify Fitness Northern Ireland of any change throughout the year.

Here are some examples of what you might like to include

Area	Class Type	Venue	Day/Time	Contact for details
Lisburn	Tae-Bo	Lagan Valley Leisure plex	Monday 6.30 – 7.30 pm	Jane Smith 0771234567 Jane.smyth@email.com
Newtownabbey	Aerobics	Valley Leisure Centre	Thursday 10 – 11 am	Valley leisure centre 90 123456

Fill in Details of the class you wish to advertise

Area	Class Type	Venue	Day/Time	Contact for details

The class will be advertised on the website upon purchase of Fitness NI Registered Instructor Insurance.

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FITNESS NORTHERN IRELAND CLASS REGISTRATION FORM 2010

Please fill in this Class Registration Form and return with your Instructors Registration Form - Thank You

	Class Type *	Venue	Town	Day	Time	Approx Nos	No of Men
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

* Class Type: Recreative, ETM, Aquafit, Step, 50+, Tots2Teens, Circuit & Resistance, Special Needs, BLT, Spinning etc

Name: _____ Branch: _____

Address: _____ Postcode: _____

Tel No: _____

REGISTRATION MUST BE RECEIVED BY 1st JANUARY 2010

A copy of our insurance policy will be sent to you on receipt of your Instructors Registration form and fees. Please keep it in a safe place.

Please complete all parts of form, enclose registration fee, class registration form and return to:

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