



Kendal Snowsports Club Instructor Registration Form (Groups) 2015/16

ORGANISATION DETAILS (who you will be instructing on behalf of)	
Name of Organisation:	
Type: e.g. school, club, outdoor centre, charity	
Address of Organisation: Incl. full postcode	
Organisation Telephone Number:	
Organisation Email Address:	
Employer: (Local Authority, Governing Body, Trustees, Directors or n/a voluntary organisation)	
Organisation affiliated to KSC in 2014/15?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
Special Details: (if any)	

INSTRUCTOR DETAILS	
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Please complete **all rows marked with a *** *and either* **all rows marked A**, *or* **all rows marked B**.
 If you have already been deemed competent by Kendal Snowsports Club (KSC) to Level 1 or higher *and* are currently a registered instructor working on a regular KSC programme, please confirm your name, telephone, email and membership details **ONLY** *unless* your Snowsports or first aid qualifications/registrations have expired in the meantime, when you should update that information as well.

*	Your Name:		
*	Your Home Address: (incl. full postcode)		
*	Your Telephone Number:		
*	Your Personal Email Address:		
*	Your KSC Membership No.:		Last Membership Year:
*	First Aid Qualification:		
*	First Aid Qualification Expiry Date:		

A	KSC Accreditation Scheme Level:	
A	Date of Accreditation/last Refresher:	

B	Snowsport Leadership Qualification:	
B	Qualification Body: (Snowsport UK etc.)	
B	Your Body Registration No.: (Basi etc.)	
B	Qualification Expiry Date:	

**Please complete the Safeguarding declaration below by signing and date this form.
Please have the form approved by a senior manager in your organisation before returning it to:**

**Kendal Snowsports Club: C/O 30 Greengate, Levens, Kendal, Cumbria, LA8 8NF or
email it to: groups@kendalsnowsportsclub.co.uk**

DECLARATIONS			
<p>The Safeguarding of Vulnerable Groups Act 2006: If my work (whether voluntary or paid) makes me subject to the above act, I declare that I have the appropriate Enhanced Disclosure for Regulated Activity from the Disclosure and Barring Service (DBS) and this has been accepted by my employer or voluntary organisation as named above.</p> <p>NB: If you have an Enhanced Criminal Records Bureau (CRB) Disclosure instead and this is appropriate and acceptable to your organisation, this declaration will still apply to you under the Act and you should sign it.</p>			
Signature:		Date:	
<p>Senior Manager Declaration: I approve of the above application and confirm that appropriate insurance is in place which adequately covers this instructor in the activities they will lead as well as any other accompanying supervisory adults and the children, young people or adults engaged in the activities.</p>			
Signature		Date:	
Print Name:		Position:	

Please note: this form contains your personal data and if you return it by email you should be aware that without encrypting it, email is not a secure way of sending personal data.