



STRICTLY CONFIDENTIAL ASSOCIATE MEMBERSHIP APPLICATION FORM

First Name ..... Last Name ..... Title : Mr/Mrs/Ms/Miss/other.....

Address .....  
.....  
.....

Post Code ..... Date of Birth .....

Tel: Code ..... Number .....

E-mail ..... Mobile.....

All those officially assisting the Instructor, ON or OFF the Mat, where children are present, need to be CRB checked by TJF. Without these checks by law you cannot assist.

Please confirm that you have done the following by ticking the boxes next to each of the statements.

I have read, understood and will abide by the Jitsu Foundation Child Protection Policy.

I will meet with a TJF regional ID verifier as a matter of urgency so I can apply for a CRB check.

I declare that the information I have given is full and accurate.

Signature ..... Date .....

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THIS SECTION MUST BE FULLY COMPLETED AND SIGNED BY THE CLUB INSTRUCTOR

Assistant Position : .....

Full Name of Club: .....

Application approved by: Name of club instructor .....

Signature .....