

New instructors Registration Form

Self employed

Customer Details:

Full Name *

First Name

Last Name

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number *

E-mail

example@example.com

Liability insurance? *

Valid

Valid DBS *

Group, activities or profession you offer

Hours, days, months you are available

Part time or full

What capacity are in your groups?

- Over 10
- Up to 10
- Other

Please give reference of any two people whom you have worked for

	Full Name	Address	Contact Number
1			
2			