

BOB JONES MARTIAL ARTS

BLACK BELT & CLUB REGISTRATION FORM

FULL NAME: _____

REGISTRATION TYPE: NEW RENEWAL

APPLICATION CHECK LIST

Please ensure that you have completed & returned the following:

- Fully Completed **Black Belt Registration Form**
- Fully Completed **Club Registration Form ***
- Fully Completed/Updated **Service & Qualification Recognition** (Reverse side of above form)
- Instructor Registration Fee (1 Year - \$99, 3 Year - \$259)
- 2 x Passport Photos (Without Headwear)
- Certified copy of **Government Issued Photo Identification** (e.d. KEYPASS or DRIVERS LICENCE)
- Copy of Intercheck **Police Check Certificate** (<http://www.policecheckexpress.com.au/order-now/>)
- Copy of your WORKING WITH CHILDRENS CARD (See Below for your states details)
- Copy of your current **First Aid Certificate**
- Copy of your current **Insurance Policy**
- Copy of any relevant new certificates achieved (ie. Sports Coaching etc)

*ASSISTANT INSTRUCTORS - Please complete details about the Bob Jones Club you are training/assisting at.
Club Association Fees are not applicable.

TRAINING (WORKING WITH) CHILDREN

If your club offers children's classes, you will need to submit your WORKING WITH CHILDRENS CHECK. Working With Children Checks are legislated in the Australian Capital Territory, New South Wales, Northern Territory, Queensland, Victoria and Western Australia. These checks must be undertaken for ALL BJMA Instructor applicants as part of their initial registration and registration renewal requirements. Forms can be accessed via the links below. National Criminal History Record Checks (NCHRC) are undertaken by the Bob Jones Martial Arts and the World Kickboxing & Karate Association, via Intercheck who use CrimTrac, where BJMA Instructor applicants have clubs in states where there are no legislated requirement, if they do not have a current Working With Children Check from another Australian jurisdiction. This includes South Australia and Tasmania.

OTHER INFORMATION

WE WOULD APPRECIATE YOU ALSO INCLUDING THE FOLLOWING INFORMATION WITH YOUR APPLICATION:

- A copy of any safety or conduct code under which your organisation's membership may operate.
- A copy of your academy student application/waiver' form
- A copy of your current Business Registration/Association/Incorporation certificate.
- A copy of your ABN (Australian Business Number) if applicable.



AUSTRALASIAN HEAD OFFICE

Unit 6/26-38 Miller Street
Epping, Victoria, 3076 - AUSTRALIA

Telephone: +61 3 8401 4864

Facsimile: +61 3 8401 4862

BJMA/WKA BLACK BELT REGISTRATION FORM

PLEASE COMPLETE ALL PARTS OF THIS DOCUMENT - PRINT IN BLOCK LETTER

PERSONAL DETAILS

GIVEN NAME (s) LAST NAME

ADDRESS SUBURB

STATE POSTCODE COUNTRY

BIRTHDATE / / SEX MALE FEMALE MARITAL STATUS

CURRENT AGE CURRENT HEIGHT CURRENT WEIGHT

OCCUPATION EMPLOYER/SCHOOL

DISABILITIES:

PLEASE LIST ANY DISABILITIES OR PERMANENT INJURIES THAT YOU HAVE THAT MAY AFFECT YOUR ABILITY TO PARTICIPATE NOW OR IN THE FUTURE

CONTACT DETAILS

MOBILE PHONE BUSINESS PHONE

HOME PHONE EMAIL ADDRESS

YOUR CURRENT BJMA RANKS

ZEN DO KAI	GRADING DATE
..... / /
BJC KICK-BOXING (MUAY THAI)	GRADING DATE
..... / /
BJC ARNIS ESKRIMA KALI	GRADING DATE
..... / /
FIGHTING FIT - TARA MILIATA	GRADING DATE
..... / /
BJMA PROGRESSIVE KRAV MAGA	GRADING DATE
..... / /
BJMA SYSTEMA	GRADING DATE
..... / /

YOUR ROLE

Please specify your role at your club.
*Please specify your direct senior (HEAD) instructor

HEAD INSTRUCTOR - Manager of club(s)

.....
If not, please print the name of your Head Instructor

CLUB INSTRUCTOR*

.....
If not, please print the name of your Club Instructor

ASSISTANT INSTRUCTOR*

MARTIAL ARTS EXPERIENCE (PLEASE SUPPLY SUPPORTING DOCUMENTATION/CERTIFICATION)

RANK	MARTIAL ARTS STYLE	INSTRUCTOR	YEARS
.....
.....
.....
.....

EXTRA QUALIFICATIONS

FIRST AID
YES NO DATE EXPIRY / / DETAILS

INSURANCE
YES NO DATE EXPIRY / / DETAILS

INSTRUCTORS COURSE
YES NO DATE EXPIRY / / DETAILS

BJMA/WKA CLUB REGISTRATION FORM

PLEASE COMPLETE ALL PARTS OF THIS DOCUMENT - PRINT IN BLOCK LETTER

CLUB DETAILS

CLUB NAME

CLUB ADDRESS SUBURB

STATE POSTCODE COUNTRY

VENUE CONTACT DETAILS

MOBILE PHONE BUSINESS PHONE

HOME PHONE EMAIL ADDRESS

*IF YOU HAVE MORE THAN ONE CLUB LOCATION, PLEASE RE-PRINT THIS PAGE AND COMPLETE FOR THAT VENUE

BJMA SYSTEMS & CLUB TIME TABLE

PLEASE TICK THE BJMA SYSTEMS THAT WILL BE TAUGHT AT YOUR CLUB & ADVISE THE DAY & TIMES OF THESE SESSIONS
PLEASE PROVIDE AN ATTACHMENT IF MORE SPACE IS REQUIRED

ZEN DO KAI

.....
.....
.....
.....

BJC KIDZ KARA-TE

.....
.....
.....
.....

BJC KICK-BOXING (MUAY THAI)

.....
.....
.....
.....

BJC KIDZ KICK-BOXING (MUAY THAI)

.....
.....
.....
.....

BJC AEK

.....
.....
.....
.....

BJMA - FIGHTING FIT

.....
.....
.....
.....

BJMA - SYSTEMA

.....
.....
.....
.....

BJMA - PROGRESSIVE KRAV MAGA

.....
.....
.....
.....

BJMA CLUB GRADING DATES & ASSISTANT INSTRUCTORS

PLEASE PROVIDE AN ATTACHMENT IF MORE SPACE IS REQUIRED

LIST OF YOUR CLUB GRADING DATES
WE UNDERSTAND THIS MAY BE SUBJECT TO CHANGE

ASSISTANT INSTRUCTORS AT YOUR CLUB
NAME, GRADE, INSTRUCTOR REGISTRATION NO.

A. BLACK BELT REGISTRATION FEE

PLEASE SELECT REGISTRATION PERIOD

I would like to apply for a registration period as specified below:

1 YEAR, REGISTRATION FEE \$99.00

3 YEAR, REGISTRATION FEE \$259.00

B. CLUB ASSOCIATION FEE*

*NOT APPLICABLE TO ASSISTANT INSTRUCTORS

PLEASE TICK YOUR CLUB CATEGORY & CLUB TIMETABLE

The **CLUB ASSOCIATION FEE** is to be paid monthly/annually and is based on the number of recognised/sanctioned BJMA Classes* taught at that venue each week and that are advertised via our media outlets (i.e. website)

- CATEGORY 1: PART-TIME A (\$45 per month)**
1 or 2 classes per week; max total 75 Registered Students
- CATEGORY 2: PART TIME B (\$90 per month)**
3 or 4 classes per week; max total 150 Registered Students
- CATEGORY 3: PROFESSIONAL (\$180 per month)**
5 or more classes per week; over 150 Registered Students

CONDITIONS & AGREEMENT

BEFORE SIGNING THE APPLICATION FOR MEMBERSHIP
PLEASE READ THE FOLLOWING CAREFULLY

The applicant acknowledges that they have received the necessary documentation sent by BJMA/WKA.

The applicant having read and understood the requirements and expectations as outlined in the "BJMA/WKA Registration & Agreement" document, agrees to the responsibilities and expectations described therein in the event that the registration is accepted and the applicant becomes a registered instructor.

I AGREE TO BE BOUND BY THE CONDITIONS ATTACHED TO THIS REGISTRATION, IF APPROVED

YES NO

SIGNATURE OF APPLICANT: _____

PLEASE PRINT NAME: _____

DATE OF APPLICATION: / / 20

DD MM

PAYMENT DETAILS

A. REGISTRATION FEE: \$ AUD

I/we authorise Bob Jones Corporation Pty Ltd to charge my credit card in accordance with my "BJMA/WKA Instructors Registration Agreement"

B. CLUB ASSOCIATION FEE*: \$ AUD

Starting from/...../..... and periodically thereafter as specified, I/we hereby authorise Bob Jones Corporation to make withdrawals from my/our nominated credit card for the service that I/we receive from the above business.

PLEASE MAKE CHEQUE OR MONEY ORDER PAYABLE TO THE 'BOB JONES CORPORATION' (tick applicable boxes)

- CHEQUE**
- MONEY ORDER**
- CREDIT CARD**
(PLEASE COMPLETE DETAILS)

Visa Mastercard American Express

NAME ON CARD:

CARD NUMBER:

EXPIRY DATE: / **CCV:**

SIGNATURE:

OFFICE USE ONLY

A. INSTRUCTOR ID NO:

B. CLUB ID NO:

PAYMENT RECEIPT NO:

PROCESSED BY:

DATE PROCESSED: / / 20