Federation of English Karate Organisations International
Federation of English Karate Organisations
Federation of Martial Arts

Noel Mantock, FEKO International Chair. Box 410, 266 Banbury Road, Summertown, Oxford, OX2 7DL Tel 07976 697117 e-mail noelmantock@gmail.com

Instructor Registration

Membership automatically includes Professional Indemnity Insurance.

Title | Forenames

Surname

Address

Post code | Tel No | Mobile | E-mail

Association Name, (directly registered with FEKO Int)

Dan Grade or equivalent | Dan Grade or equivalent date | Date of birth

Martial Art type & style

Coaching Qualifications

FEKO Int/FMA registration (pink/green slip) Number | Date of issue:

DBS No: | Date of issue:

Safeguarding & Child Protection registration number | Date of issue:

First Aid Qualification(s) | Date of issue:

Do you have criminal convictions involving paedophilia or sexual assault or violence now or pending: YES/NO?

Have you had a previous claim under Professional Liability Insurance YES/NO? (If so please provide details overleaf)

By returning this form you agree to the terms and conditions and that all the information given is correct.

Signature | Date:

Return to Noel Mantock at the above address by post or by e-mail. Fee paid £75.00 by Cheque ☐ **by Bank Transfer** ☐

(Bank transfer details: FEKO International NatWest Bank. Branch sort code 51-70-06 Account number 51746174)

Instructor/Coach indemnity insurance cover is for 12 months and is only valid with Association membership and a current FEKO Int/FMA individual registration receipt. Confirmation certificates are issued on a current year basis. Safeguarding & Child Protection Policy registration is compulsory for all Instructors & Coaches. You will require a DBS enhanced disclosure issued within the last 3 years. (This is dependent on current legislation). Association Instructor/Coaches are appointed or approved by the registered group.

Official use only: Date received with payment _____ DB entered _____ Certificate sent _____

PREVIOUS PUBLIC LIABILITY INSURANCE CLAIM

Please provide full details here