

**BRITISH GLIDING ASSOCIATION**

**FOR OFFICIAL USE ONLY**

**BGA ASISTANT INSTRUCTOR RATING POST INSTRUCTOR COURSE REVIEW / COMPLETION COURSE NOTIFICATION**

Date Received

Please complete the form in clear block capitals using dark ink and submit to the BGA by post or to [office@gliding.co.uk](mailto:office@gliding.co.uk)

There is no payment required with this application.

**1. APPLICANTS PERSONAL PARTICULARS**

Title.....Surname.....

Forenames.....Nationality.....

Date of Birth.....Place of Birth.....

Postal Address.....

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Post Code.....Email Address.....

Tel No.....Mobile No.....

BGA Club.....

**2. POST COURSE REVIEW / COMPLETION COURSE RECORD & COACH DECLARATION**

Place of post course review.....Date.....

I certify that.....has completed the BGA post instructor course review to my satisfaction.

Course Coach Name.....Signature.....

**3. APPLICANTS DECLARATION**

I certify that the particulars on this form are correct to the best of my knowledge and belief.

I understand that it is my responsibility to ensure that I meet the requirements necessary to maintain the validity of my instructor rating.

Signed..... Date.....