



**A.K.A.I.**



*Allstyles Kickboxing Association of Ireland*

**Training Details:**

**Club 1.**

Venue: \_\_\_\_\_

Class Times: \_\_\_\_\_

Instructor: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Club 2.**

Venue: \_\_\_\_\_

Class Times: \_\_\_\_\_

Instructor: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Club 3.**

Venue: \_\_\_\_\_

Class Times: \_\_\_\_\_

Instructor: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Club 4.**

Venue: \_\_\_\_\_

Class Times: \_\_\_\_\_

Instructor: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Please Ensure You Submit Dan Grade Certificates For All Black Belts/Instructors Within Your Club/Organisation Including Those Promoted In 2007.**

**If you application is successful, you will be required to undergo one (1) year probationary period. You will also be required to attend an AKAI Induction & Child Abuse Awareness training day within your probationary period. Do you agree to the above? Yes/No**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**

**I/We agree to abide by the rules/regulations and constitution of AKAI. Including its code of ethics.**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**



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**Club/Organisation Information**

Is your club/organisation directly affiliated to I.M.A.C.? Yes/No

If Yes, I.M.A.C. Membership Number: \_\_\_\_\_

Is your club/organisation affiliated to any other national, international or world bodies? Yes/No

If Yes, Please state which organisation(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & Grade Of Chief Instructor: \_\_\_\_\_

Contact Details Of Chief Instructor: \_\_\_\_\_

Graded By: \_\_\_\_\_ Date Of Examination: \_\_\_\_\_

Styles Practised Within Your Club/Organisation: \_\_\_\_\_

Brief Description Of Your Organisation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance**

Which insurance company is your club/organisation insured through? \_\_\_\_\_

Dates Of Insurance: Insured From \_\_\_\_\_ to \_\_\_\_\_

I/We hereby give permission to the Executive Committee of AKAI to contact the above insurance company to confirm details of the insurance cover for the above named club/organisation.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Membership**

What was your total membership for the last year? \_\_\_\_\_

What percentage of your total membership was under 16? \_\_\_\_\_

What percentage of your total membership was female? \_\_\_\_\_

Do you have any members with special needs? \_\_\_\_\_

How many clubs do these figures cover? \_\_\_\_\_



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**AKAI Membership Form - 2008**

**Name Of Club/Association Applying:** \_\_\_\_\_

**Name Of Principal Contact:** \_\_\_\_\_

**Postal Address Of Principal Contact:** \_\_\_\_\_

**Previous Address If You Have Moved In The Last 5 Years:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

Please Tick  New Application  Renewal

The following is in line with the Code Of Ethics For Children/Young People In Sport, and the child protection section of the AKAI constitution. Any queries regarding this section to Martin O'Malley, AKAI Children's Officer, @ 087 – 6407263.

If you are a new applicant, you are requested to supply written references from two (2) persons known to you, but not related to you. The executive committee will contact any referee you supply. All new applications must be accompanied by two (2) passport size photographs.

Have you ever worked in a paid/voluntary capacity with children/young people? Yes/No

If Yes

Please give details including where, when, and in what capacity: \_\_\_\_\_

Please supply the name and contact number of your immediate supervisor while you were in the above role(s): \_\_\_\_\_

Did you attend any child welfare/protection courses during your time working in that capacity? Yes/No

Please Specify Any Courses Attended: \_\_\_\_\_

If you are no longer with any of the above mentioned organisations, can you give details of why you left:

Have you ever been asked to leave any organisation, in which you worked with children? Yes/No.

I, the undersigned, declare that the information above, and overleaf, supplied by me is true and correct to the best of my knowledge. I understand that supplying false information on this form may result in disciplinary proceedings being brought against me by the organisation, and/or the refusal to accept my application or expulsion from the organisation.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Block Capitals:** \_\_\_\_\_