

Martial Arts Industry Association Limited

'The Peak Industry Body for Martial Arts in Australia'

NMAS - 2014

APPLICATION FOR MAIA MEMBER OR
INSTRUCTOR/STUDENT OF AN MAIA MEMBER
NATIONAL MARTIAL ARTS INSTRUCTOR ACCREDITATION SCHEME

PLEASE PRINT CLEARLY

IMPORTANT NOTE: The MAIA course cannot be accessed by practitioners of Kung Fu (Wu Shu) and sport Karate. Practitioners of these systems must make contact with the relevant organisation that administers the National Coaching Accreditation Scheme (NCAS) for their system.

1.	NAME OF APPLICANT:
2.	POSTAL ADDRESS:
	postcode:
3.	TELEPHONE: Work:
	Email:
4.	DATE OF BIRTH: 5. MARTIAL ARTS GRADE:
6.	TEACHING EXPERIENCE (Years):TRAINNG EXPERIENCE (Years):
7.	DATE AND LOCATION OF COURSE :
8.	STYLE OF MARTIAL ART CURRENTLY PRACTISED BY APPLICANT:
9.	MARTIAL ARTS SCHOOL AT WHICH APPLICANT TEACHES:
	Telephone:
40	MAIA MEMBEROUIR NUMBER MUOT RE WRITTEN LIERE
10.	MAIA MEMBERSHIP NUMBER MUST BE WRITTEN HERE:
11.	DO YOU HAVE A READING, WRITING OR LANGUAGE DIFFICULTY. YES []; NO []
12.	IF YOU HAVE ANSWERED YES TO Q '11' DO YOU REQUIRE ANY ASSISTANCE. YES [], NO []

13.	List the address/s of yo	our main teaching venues (i.e. the places, halls etc where you conduct your clas	sses)
			·
14.	applicant: being part of current First Aid qualific	nd accepts that by signing this application that Accreditation, if granted, is contingent upor the accreditation update program, meeting all accreditation course requirements maintain ication, being insured by an APRA regulated insurer at the minimum coverage level designary the National Code of Practice for Martial Arts Centres and Instructors.	ing a
only	= =	lges that he/she has been advised that the course fee paid to the MA lved in completing the accreditation requirements and that other costs the course.	
	Applicant acknowledg outer that is capable o	ges that, in order to complete this course, he/she must have access to a of reading DVD's.	a
accre	ditation and that all	accepts that attendance at an accreditation intake does not guarantee accreditation prerequisites and submission requirements must be met e accreditation can occur.	
appli re-ac	cant breach the Code	acknowledges that Accreditation will be cancelled by the MAIA she of Practice for Martial Arts Centres and Instructors and that ns may vary if the applicant is no longer teaching at the Martial Arion form.	
Marti main repre Sport enqui infort accor statu	ial Arts Instructor Actained by the Martial sentatives of the Interior Organisations, Ir ire about my accredit mation and may be ordance with the providental series.	wledges and accepts that Information on this form is entered onto the Inccreditation Scheme (NMAS)) database of registered instructors or offul Arts Industry Association. Database information is passed on to sernational Standards Organisation (ISO) and relevant State and Nation Insurance and Venue Providers, other entities and individuals who may station status. Instructors or officials will be sent relevant up-to-date contacted by the MAIA. Said information will not be used or disclosed exisions of the Privacy ACT 1988 saving that the applicants name, accreditation taken to the stored in a base.	icials nal xcept in
APPL	ICANT IS SEEKING FU	ULL ACCREDITATION AT (please tick appropriate box)	
LEVE	L 1 🗌 LEVEL 1 UPDA	ATE 🗌 LEVEL 2 🗌 LEVEL 2 UPDATE 🗌 LEVEL 3 🔲 LEVEL 3 UPDATE 🗌]
NOTI	E: IF APPLYING FO	OR LEVEL 2, LEVEL 3 OR AN UPDATE PLEASE WRITE YOUR	
	CURRENT ACCRE	EDITATION NUMBER HERE:	
Cours	se Fees (inc GST):	Level One \$290; Level Two \$220; Updates \$220 Level Three: (fee costs will vary and are advised on a case by case basis)	
Si	gnature of applicant:	Date of application	
		Please send this form with \$50.00 Booking Deposit to:	
APP	LICATION FORM M	MUST ONLY BE SUBMITTED AS A SINGLE DOUBLE-SIDED PAGE	jE

APPLICATION FORM MUST ONLY BE SUBMITTED AS A SINGLE DOUBLE-SIDED PAGE APPLICATION FORM MUST BE RECEIVED NO LATER THAN 7 DAYS PRIOR TO THE COURSE DATE MAIA, PO Box 134 KENTHURST NSW 2156

Please Note: Booking Deposit is non-refundable and non-transferable