



British Taekwondo Council

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BTC TEMPORARY HOLIDAY INSURANCE

Instructor requesting holiday cover <i>(please print)</i>	
Name	
Organisation	
Registered Instructor No	
Professional Indemnity No	
Period of cover required (days)	
Date from	
Date to	
<i>email address</i>	

Person Providing Cover <i>(please print)</i>	
Name	
DOB	
BTC Member Organisation	
Grade	
BTC Membership No	
DBS Certificate No	
DBS Date of Issue	Click or tap to enter a date. <i>Note: Copy of DBS Certificate to be forwarded with application</i>
Have you completed a Basic Safeguarding Awareness Course within the last 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, send copy of certificate with application</i>

Applications must be made at least 21 days prior to holiday cover commencement.

Signed: _____ Registered Instructor Date: ___ / ___ / ____
Signed: _____ Person Providing Cover Date: ___ / ___ / ____
Approved By: _____ BTC Insurance Officer Date: ___ / ___ / ____