



British Tae Kwon Do Council Ltd

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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	
Date from	
Date to	
email address	

Person Providing Cover <i>(please print)</i>	
Name	
DOB	
BTC Member Organisation	
Grade	
BTC Membership No	
DBS Certificate No	
DBS Date of Issue	___ / ___ / _____ <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: ___ / ___ / ___