



KUNG FU WUSHU AUSTRALIA

The peak governing body for Kung Fu Wushu in Australia

'The Australian Government, via Sport Australia, recognizes Kung Fu Wushu Australia to develop Kung Fu/Wushu/Tai Chi/Sanda in Australia'



2020: APPLICATION FOR KWA MEMBER OR INSTRUCTOR/STUDENT OF A KWA MEMBER

1. NAME OF APPLICANT:
2. POSTAL ADDRESS:
.....postcode:.....
.....
3. TELEPHONE: Work:..... Home:..... Fax:.....
Mobile: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 KUNG FU/WUSHU CURRENTLY PRACTISED BY APPLICANT:
.....
9. MARTIAL ARTS SCHOOL AT WHICH APPLICANT TEACHES:
.....Telephone:
10. DO YOU HAVE A READING, WRITING OR LANGUAGE DIFFICULTY. YES []; NO []
11. IF YOU HAVE ANSWERED YES TO Q '10' DO YOU REQUIRE ANY ASSISTANCE. YES [], NO []
12. List the address/s of your main teaching venues (i.e. the places, halls etc where you conduct your classes)
.....
.....

13. The applicant agrees and accepts that by signing this application that Accreditation, if granted, is contingent upon the applicant: being part of the accreditation update program, meeting all accreditation course requirements maintaining a current First Aid qualification, being insured by the KWA insurer and abiding by the National Code of Practice for Martial Arts Centres and Instructors.

14. Acknowledgments:

The Applicant acknowledges that he/she has been advised that the course fee paid to KWA is only part of the cost involved in completing the accreditation requirements and that other costs may be incurred in completing the course.

The Applicant acknowledges that, in order to complete this course, he/she must have access to a computer that is capable of reading DVD's.

The Applicant agrees and accepts that attendance at an accreditation intake does not guarantee accreditation and that all accreditation prerequisites and submission requirements must be met within the due date before accreditation can occur.

The Applicant further acknowledges that Accreditation will be cancelled by KWA should the applicant breach the Code of Practice for Martial Arts Centres and Instructors and that re-accreditation conditions may vary if the applicant is no longer teaching at the Martial Arts organisation indicated on this application form.

The Applicant also acknowledges and accepts that Information on this form is entered onto the National Coaching Accreditation Scheme (NCAS) or National Officiating Accreditation Scheme (NOAS) database of registered coaches or officials maintained by KWA and that these databases may be publically accessible via KWA websites. Database information is passed on to relevant State and National Sporting Organisations and State Sport Education Centres, other entities and individuals who may enquire about my accreditation status. Said information will not be used or disclosed except in accordance with the provisions of the Privacy ACT 1988 saving that the applicants name, accreditation status, type of martial art taught, teaching location, email address and contact phone number will be stored in a publically accessible database.

15. STATE ASSOCIATION (KWA) MEMBERSHIP NUMBER MUST BE WRITTEN HERE:.....

APPLICANT IS SEEKING FULL ACCREDITATION AT (please tick appropriate box)

Level 1 Level 1 Update Level 2 Level 2 Update Level 3 Level 3 Update

NOTE: IF APPLYING FOR LEVEL 2, LEVEL 3 OR AN UPDATE PLEASE LIST

YOUR CURRENT ACCREDITATION NUMBER HERE:.....

Course Fees: Level One \$320; Level Two \$270; Updates \$270
Level Three: (fee costs will vary and are advised on a case by case basis)

Signature of applicant: Date of application.....

Application form must only be submitted as a single double-sided page

Please send this form with \$70.00 Booking Deposit to:
PO BOX 269 KENTHURST NSW 2156
(CHEQUE/MONEY ORDER MADE PAYABLE TO KWA)

APPLICATION FORM MUST BE RECEIVED NO LATER THAN 7 DAYS PRIOR TO THE COURSE DATE

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