



Australian Kung Fu (Wu Shu) Federation Inc.

“The Peak Industry Body for Kung Fu/Wu Shu in Australia”

2010 - NATIONAL COACHING ACCREDITATION SCHEME
ACCREDITATION APPLICATION FOR A NON-MEMBER

PLEASE PRINT CLEARLY

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): TRAINING EXPERIENCE (Years):
 7. DATE AND LOCATION OF COURSE YOU ARE BOOKING FOR:.....
.....
 8. STYLE OF KUNG FU/WU SHU CURRENTLY PRACTISED BY APPLICANT:
.....
- MARTIAL ARTS SCHOOL AT WHICH APPLICANT TEACHES:
.....Telephone:
9. Please list your main teaching venues (i.e. the places, halls etc where you conduct your classes)
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