

## BGA GLIDING INSTRUCTOR YEAR 5 REFRESHER TRAINING RECORD

Please complete the form in BLOCK CAPITALS using black or dark blue ink. Complete all boxes.

### 1. APPLICANTS PERSONAL DETAILS

Surname:	Forename:
BGA Reference Number: <span style="float: right;">→</span>	
Date of Birth:	Town of Birth:
Nationality:	
Permanent Address:	
Postcode:	
<b>Email:</b>	Telephone:
	Mobile:
Member of which BGA Club?	

### 2. INSTRUCTOR 5 YEAR REFRESHER TRAINING RECORD COURSE RECORD

As the course instructor/coach, I confirm that the following training was satisfactorily completed as described below;

Place of Course:	Date:
Total Hours Flown:	Winch Launches Flown:
Total Launches Flown:	Winch Launch Failures:
<b>Briefing Subjects</b>	
1.	2.
3.	4.

<b>Course Instructor or Coach</b>	
Signed:	Name:
Date:	Place:

### 3. APPLICANTS GLIDING QUALIFICATION & EXPERIENCE DETAILS

Silver Badge No:	Total Gliding Hours:
Hours P1 in the <b>previous 12 months</b>	Launches P1 in the <b>previous 12 months</b>
Solo Gliding:	Solo Gliding:
Solo SLMG or TMG:	Solo SLMG or TMG:
Instructing in Gliders:	Instructing in SLMG or TMG:

### 4. DECLARATION BY APPLICANT

I understand the privileges and limitations of the rating associated with this record.

As the applicant, I declare that the information supplied on this form is accurate to the best of my knowledge.

I understand that sections 1 – 4 inclusive on this application form must be completed.

I understand that this **completed and signed application** must be forwarded to the BGA office, either by;

- Email to [office@gliding.co.uk](mailto:office@gliding.co.uk) as a pdf attachment (less than 1mb, please)
- Post to BGA, Kimberley House, Vaughan Way, Leicester, LE1 4SE

Please note that this form cannot be accepted by FAX.

Signed:	Name:
Date:	Place:

**There is no BGA fee associated with this application**