

Application for TCAA Website Instructor/School Listing

Please complete and post the completed form to:

Tai Chi Association of Australia c/- 64 Charles Place
Jannali NSW 2226

NOTES:

- Posting on the Instructor Listing is conditional on membership of the TCAA.
- The TCAA reserves the right to refuse, edit and/or limit the amount of information posted.

| Please provide the following details: |
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| Name |
| Title |
| Organization |
| Work Phone Home Phone |
| Mobile Phone FAX |
| E-mail |
| URL |
| Your TCAA membership number. |
| (This field is mandatory, you MUST be a member of the Association to be listed): |

Listing Information:

| What do you teach? (Brief summary of Instructor names, forms and levels taught) |
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| Emphasis or specialisation (if any): |
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| Where do you teach? (or any other comments you'd like to add). |
| Suburb/City/State (primary location): |
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| Suburb/City/State (if another location): |
| |
| (Note: Avoid mentioning exact times if these can change.) |

| Your National Coaching Accreditation Scheme (NCAS) Instructor Number (if applicable) |
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| NCAS No: |
| Other Tai Chi Teaching Accreditation/Training (if any) |
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| Public Listing Contact Details: |
| Preferred name: |
| Telephone/s: |
| Email/Website: |

Please complete the declaration on the following page.

| I,(full name), declare that: |
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| a. The information I provide for Teacher Listing is true. |
| b. I shall abide by the TCAA Teachers' Code of Conduct that is posted on the TCAA Website. |
| c. I am/shall be insured for public liability and professional indemnity for the duration of my listing on the TCAA Website as a teacher of Tai Chi. My Insurance details are: |
| (provide to TCAA as soon as available, not later than 2 months): |
| Underwriter:; Policy No:; |
| Valid from(dates): to |
| d. I hereby indemnify the TCAA against all actions taken by any party resulting from my listing as a Teacher on the TCAA Website. |
| e. I understand that my listing shall be removed as soon as my membership of the TCAA is no longer current. |
| f. I shall notify the TCAA as soon as I do not or cannot comply with any of the above conditions. |
| g. I understand the TCAA has the right to remove my listing should there be any doubt relating to my ability to comply with the above conditions. |
| Date: |
| Signature: |

Declaration: