



## APPLICATION FORM to request the recognition of Partner Training Center

|  |               |
|--|---------------|
| Country  |               |
| City   |               |
| the undersigned  |               |
| to Born  | the           |
| Address  |               |
| Mobile   | mailto        |
| Passport number  |               |
| <p>I declare to work in the sports sector as:</p> <p><input type="checkbox"/> Martial arts gym</p> <p><input type="checkbox"/> Director general of a martial arts academy that works in the field of instructor training</p> <p><input type="checkbox"/> Director General of a public school and we are interested in issuing the qualifications described in the call.</p> <p>Sending application form to request recognition as UPKL Partner Training Center to:</p> <p><input type="checkbox"/> Gym</p> <p><input type="checkbox"/> Academy</p> <p><input type="checkbox"/> Public school</p> <p>In annex -</p> <p><b>Describe the activity and explain</b></p> <p>1) how many teachers are employed in your facility</p> <p>2) the number of courses produced per year</p> <p>3) the number of students you are following</p> <p>4) How many students will be interested to get the qualifications indicated in the call (please explain the number for the individual titles described in the call)</p> |               |
| <b>Date</b>  | <b>Signed</b> |

|   |                      |                          |
|---|----------------------|--------------------------|
| <b>U.P.K.L.</b><br><input type="checkbox"/> Approved<br><input type="checkbox"/> Not approved | <b>Vicepresident</b> | <b>General secretary</b> |
|---|----------------------|--------------------------|