Application Form

Free or supported martial arts training for applicants who need help accessing classes.

Please complete this form as clearly as possible. You do not need to provide bank statements, benefit records or detailed medical evidence at the first stage. Only share information that is relevant to participation and support.

1. Who is completing this form?

- [ ] Applying for myself
- [ ] Parent or guardian
- [ ] Professional or community referral

If referring someone, confirm they or their guardian have given permission

2. Applicant details

Full name

Date of birth

Age

Home area or postcode

3. Contact details

Applicant or representative name

Relationship to applicant

Email

Telephone number

Preferred contact method

- [ ] Email
- [ ] Phone
- [ ] WhatsApp

Training and Support Requested

4. Training interest

Preferred martial art or class

Preferred AG Martial Arts location

Suitable days or times

Previous experience, if any

5. Support requested

- [ ] Fully funded membership
- [ ] Discounted membership
- [ ] Starter kit or uniform
- [ ] Other practical support

Briefly explain why assistance is currently needed

6. Intended outcomes

Tick any that apply and add detail if useful.

- [ ] Confidence
- [ ] Fitness
- [ ] Friendships
- [ ] Routine
- [ ] Wellbeing
- [ ] Self-defence
- [ ] Competition
- [ ] Personal development

What does the applicant hope to gain from training?

Participation, Safeguarding and Declaration

7. Participation and safeguarding

Please tell us anything AG Martial Arts should reasonably know to help the applicant participate safely and successfully. Only include information relevant to training, access, communication, wellbeing or safeguarding.

Relevant participation notes

8. Declaration

By signing below, you confirm that the information provided is accurate to the best of your knowledge, that AG Martial Arts may contact the applicant or representative about this application, that any referrer has permission to make the referral, and that the information may be processed to assess and administer the application.

Name

Signature

Date

How to return this form

Email: info@agmartialarts.co.uk with the subject Foundation Programme application

WhatsApp: 07378 351363

We will review the application privately and contact you about suitable next steps where possible.