

BST/AST Student Application and Information

Name: _____
Address: _____
City: _____ Province: _____
Postal Code: _____ Phone#: _____
Email: _____
Company: _____ Position _____
DOB (YY/MM/DD) _____
Security Workers License Number and Expiry Date: _____

Desired Method of Payment (Cheque) (Money Order)

Have you ever trained in a Martial Arts or Self-Defense classes before? Please explain level achieved and certificates received:

Have you ever been charged with a violent crime such as assault:

Have you ever been charged with a crime or drug offence:

Do you have any disabilities ie: inattentiveness, problems reading, trouble listening or following directions, issues with reading and or completing reports (Dyslexia, ADHD) or physical conditions that may affect your ability to train in use of force or self-defence in order to successfully complete this course?

Do you require the AST certification for your current position? If so please explain:

Are you fluent in English? Yes/No

Do you have photo identification? Yes/No

X _____
Applicant Signature (e-signature)

X _____
Applicants Name (print)

X _____
BST/AST Instructor Approval

Enrolment date