# 

# Society Instructor Registration Form

### Please ensure all sections are completed fully and all relevant documents are attached. No teaching can take place if this form is missing any information. This form must be completed annually by all instructors.

#### When completing registration, the following forms should all be submitted together:

* Instructor Registration Form (with accompanying documents)
* Society Instructors Information, Expectations and Service Level Agreement.
* Society-Instructor Agreement

|  |  |
| --- | --- |
| Personal details |  |
| NameAddressTelephone numberMobile numberEmail address | ----- |

#### Please list the societies you will be working with:

|  |
| --- |
|  |

Are you a UCL Student? Yes/No (delete as appropriate)

## Payment

#### Are you working in a paid or voluntary capacity? Paid/Voluntary (delete as appropriate)

#### Instruction rate agreed with society:

#### £ \_\_\_\_­­­\_\_ per \_\_\_\_\_\_\_ for 2020/21

## Employment Status

### All instructors MUST be Self-Employed in order to receive any form of payment. This includes ‘expenses’.

#### Instructor UTR (Unique Taxpayer Reference number): ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Please note that failure to prove employment status as self-employed will lead to non-payment.

### All invoices should include the following statement:

#### I am self-employed and I am responsible for any tax or National Insurance liability.

## Qualifications

#### Please provide details of any relevant training and role specific qualifications.

|  |  |
| --- | --- |
| Relevant Qualifications | Date passed |
| ----- | ----- |

Have you attached copies of relevant documents? Yes/No (delete as appropriate)

#### If applicable, please provide your NGB (National Governing Body) Affiliation number**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Experience

#### Please provide details of relevant experience which enables you to carry out the required instructor duties with a high level of competency and to a consistently high standard.

|  |
| --- |
| Experience |
|  |

## Insurance

#### Please provide details:

|  |  |  |
| --- | --- | --- |
| Issuing Body/Company | Date of Commencement | Date of Expiry |
| ----- | ----- | ----- |

Have you attached copies of relevant documents? Yes/No (delete as appropriate)

#### Without copies no payments will be made.

## First Aid

#### Please provide details if applicable:

|  |  |  |
| --- | --- | --- |
| Issuing Body/Company | Date of Commencement | Date of Expiry |
| -- | -- | -- |

Have you attached copies of relevant documents? Yes/No (delete as appropriate)

## Referees

#### Please provide details of two referees, ideally related to recent Instructor posts or appointments.

|  |  |  |  |
| --- | --- | --- | --- |
| Referee 1 |  | Referee 2 |  |
| NameAddressTelephone number Email address Relationship to you | ----- | NameAddressTelephone number Email address Relationship to you | ----- |

## Declaration

#### I hereby certify that the information I have provided on this form is correct and that I have read, signed and will adhere to the Society Instructor Agreement and Service Level Agreement.

#### Instructor name (Printed):

#### Instructor signature:

#### Date: