

BJA Kata Examiner Application Form

Full Name:	
Address:	DOB:
	BJA Membership. No:
	Expiry Date:
	Tel. No: (Home) (Mobile)
	Email:

Minimum Pre Requisites:	(Please state yes in the box)
• Must be 20 years of age.	
• Holder of 1st Dan BJA.	
• Qualified BJA Level 2 Coach	
• Certificated Level 2 (Previous County Level) Nage no Kata.	
• Certificated Level 2 (Previous County Level) Katame no Kata.	

Kata Activity: (Please list any Kata activity you have engaged in during the past three (3) years)
<i>(If more space is required please use an additional sheet of paper)</i>

I hereby wish to apply to become a BJA Kata Examiner:	
Signed:	Dated:

Return completed Application Form together with photocopies of any Kata Certificates
to: BJA Head Office, Walsall Campus, Gorway Rd, Walsall, West Midlands, WS1 3BD
Or email dave.hortonjones@britishjudo.org.uk