

Approved Instructor Renewal Application



P.O. Box 26969 Glasgow G3 9DR
 Tel: 0845 230 4041 Fax : 0845 230 4042
 E-mail: info@pasma.co.uk
 Website: www.pasma.co.uk

Employed Instructor

Freelance Instructor

Surname		
Forename(s)		
Date of Birth		Data Protection Information supplied by you on this form will be recorded by PASMA as part of our registration and certification process. Such information may be made available to authorised third parties to verify your registration status or as required by law, but will not be used for any other purpose without your permission.
Address		
Postcode		
Mobile No		
Email		
PASMA Instructor Certificate No		
Expiry date of Instructor PhotoCard		
Approved Training Centre which employs you		
Name of authorised Training Centre representative		

Self-Employed or not directly employed by an Approved Training Centre
 If you are self-employed or are not a direct employee of an Approved Training Centre, you must complete this section. *(Under your membership name please state the name by which you are / should be listed in the PASMA members list)*

Are you an Associate member of PASMA?	<input type="checkbox"/>
Are you attached to an Approved Training Centre with whom you have an Association Agreement?	<input type="checkbox"/>
Your membership name	
Approved Training Centre with whom you are associated	
Authorised representative of Approved Training Centre	

Continuing Professional Development
 It is a requirement of the instructor renewal process that you demonstrate Continuing Professional Development (CPD). Regardless of the CPD undertaken you may claim a maximum of one point per event. A minimum of twelve points must be accrued in each calendar year. *This must consist of at least 6 PASMA Courses, plus 6 additional development days. Evidence of your claimed CPD points are subject to audit and random verification.*

Year	Month(s)	Points Claimed

Declaration
 I declare that the information I have given is true and accurate to the best of my knowledge and accept that any false or misleading statements may result in further action being taken (which may include suspension or removal of approved instructor status).

Date _____ Instructor Name _____

PASMA office use only		✓
Form verified		
Card & Certificate produced		