



## Care-Sure – Enquiry Form

### Tai Chi

|   |  |   |  |
|---|--|---|--|
| <b>Full Name :</b>                              |  | <b>Date:</b>  |  |
| <b>Address :</b>                                |  | <b>Tel No:</b>  |  |
|   |  | <b>Email:</b>   |  |
|   |  | <b>Date of Birth:</b>   |  |
| <b>Post Code:</b>                               |  | <b>Please state the average number of classes / Sessions per week</b> |  |
| <b>When would you like your cover to start?</b> |  |   |  |

|  |                        |  |
|--|------------------------|--|
| <b>Tai Chi:</b>  |                        |  |
| There are 2 options for you to select from. Please indicate which you require:<br>You can add to either plan if you have other related activities you wish to insure | <b>Health Tai Chi</b>  |  |
|  | <b>Martial Tai Chi</b> |  |

### Additional Activities /Complementary Therapies

Please list all activities for which cover is required and answer all questions for each activity:

|   |  |
|---|--|
| <b>Additional Activity 1: Please specify what you want cover for:</b>   |  |
| Are you Fully Qualified?  |  |
| If your training is ongoing when are you scheduled to complete it?  |  |
| What training programme/s have you undertaken? Please provide details of Qualification/ certificate/diploma <i>(Please list all relevant training and training school attended)</i> |  |
| Please confirm date this was obtained<br><i>(In the event of a claim evidence of your qualification will be required)</i>   |  |
| Is your Qualification recognised by another Accrediting Body? If so who?<br><i>In the event of a claim evidence will be required</i>  |  |

|   |  |
|---|--|
| <b>Additional Activity 2: Please specify what you want cover for:</b>   |  |
| Are you Fully Qualified?  |  |
| If your training is ongoing when are you scheduled to complete it?  |  |
| What training programme/s have you undertaken? Please provide details of Qualification/ certificate/diploma <i>(Please list all relevant training and training school attended)</i> |  |
| Please confirm date this was obtained<br><i>(In the event of a claim evidence of your qualification will be required)</i>   |  |
| Is your Qualification recognised by another Accrediting Body? If so who?<br><i>In the event of a claim evidence will be required</i>  |  |

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|--|--|
| <b>OPTIONAL EXTRAS:</b>  |  |
| Care-4 Personal Accident Insurance   |  |
| Legal expenses for Individuals   |  |
| Teaching at Home - Public liability Premises Risk (up to 5 classes per week) |  |
| Locum Cover OR Guest Tutor Liability   |  |
| Employers Liability Insurance  |  |

Please forward your completed form and cheque (payable to TCUGB ) to;  
Aileen Cromar, 62A Greenock Road, Bishopton, Renfrewshire PA7 6JB  
All enquires to: aileen.cromar@ntlworld.com