

Care-Sure – Enquiry Form

Tai Chi

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

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

Additional Activities /Complementary Therapies

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

Additional Activity 1: Please specify what you want cover for:	
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 <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? <i>In the event of a claim evidence will be required</i>	

Additional Activity 2: Please specify what you want cover for:	
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 <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? <i>In the event of a claim evidence will be required</i>	

OPTIONAL EXTRAS:	
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 (Delete as appropriate)	
Employers Liability Insurance	

Please forward your completed form and cheque (payable to TCUGB) to;
Aileen Mandić, 62A Greenock Road, Bishopton, Renfrewshire PA7 5JB
All enquires to: aileenmandic@icloud.com