



## REGISTRATION FORM FOR INDIVIDUALS

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Please complete using black typescript or BOLD CAPITALS:

Member number (office use only):

Surname	
First name	
Gender	Male / Female
Marital status	
City	
Postal code	
Country	
Passport number	
Date of birth	
Telephone number	
Mobile telephone number	
E-mail	
Course name	
Course number	

In addition, please send a passport photo in jpeg format to e-mail:

[info@bps-association.org](mailto:info@bps-association.org)

### **Declaration of lack of criminal record**

I, the undersigned, hereby confirm that I have no criminal record and that I have not been convicted of any crime before a court of law.

I hereby declare that I have not committed and/or was not an accessory to any criminal act in the past.

I know and accept that should I commit or participate in any criminal act whatsoever during my membership in the association, the association shall be entitled to revoke my membership forthwith.

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## International Bodyguard, Police & Security Association

### **Declaration of Health**

I understand that some of the training will involve physical activity, for which I must be in good health.

I declare I am in good health and fit to participate in a B.P.S course.

Have you ever been treated for any substance abuse or addiction? Yes  No

For women: Are you pregnant? Yes  No

Are you receiving medical treatment at present? Yes  No

If yes, please provide details in brief: \_\_\_\_\_

### **I undertake to inform the B.P.S. Association of any change in my physical condition.**

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I hereby certify that all above statements are correct and complete. I understand that I may have to provide documentation at some future date to substantiate my claims and that any misrepresentation of this data may result in cancellation of my admission or registration status.

Full Name	
Date	
Signature	



**QUESTIONNAIRE FOR APPLICANTS**

**In order to enable us to offer you services that are most suitable for your specific needs, please complete the following questionnaire:**

**1. How would you describe your physical fitness level?**

- a. Low
- b. Moderate
- c. High

**2. What, if any, does your security background include?**

- a. No background whatsoever
- b. Military service
- c. Service in a police unit
- d. Service in a governmental or private security unit
- e. Other: \_\_\_\_\_

**3. Have you ever participated in a training course within the framework of other associations or bodies?      Yes / No**

If yes, please specify: \_\_\_\_\_

**4. Do you have prior experience in operating and firing a pistol?      Yes / No**

If yes, please specify: \_\_\_\_\_

**5. Do you have prior experience in martial arts?      Yes / No**

If yes, please specify: \_\_\_\_\_

**6. Which languages do you speak?**

- a. English
- b. French
- c. Spanish
- d. Italian
- e. Russian
- f. Other: \_\_\_\_\_

**7. How did you hear about B.P.S.?**

- a. From a colleague / friend
- b. From an organization that I belong to
- c. From the B.P.S. website
- d. Other: \_\_\_\_\_

**Please fax this form to fax no. +972-9-9574370**

**International Bodyguard, Police & Security Association**

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