



careers in fitness ltd

COURSE APPLICATION FORM

PERSONAL DETAILS

Title: _____

Surname: _____

First Name(s): _____

Address: _____

_____ Post Code: _____

Home: _____ (Include STD Code)

Work: _____ (Include STD Code)

Mobile: _____ (Include STD Code)

Email Address: _____

Gender:

Male

Female

Date Of Birth: _____ / _____ / _____ (dd/mm/yyyy)

Course Details:

Gym Instruction

Pilates or Yoga Instruction*

Advanced Personal Training

Assessor and Verifier

Master Personal Training

Special Courses*

*Please Specify Here _____

QUALIFICATIONS / TRAINING

Qualifications / Training Taken

Organisation / School / College / University

Grades

INDIVIDUAL NEEDS

If you have a disability, illness, or difficulties in reading and writing English.

- | | |
|--|---|
| <input type="checkbox"/> Enlarged Text | <input type="checkbox"/> Someone To Write For You |
| <input type="checkbox"/> Coloured Overlays | <input type="checkbox"/> Signer / Communicator |
| <input type="checkbox"/> Coloured Paper | <input type="checkbox"/> Dictionary |
| <input type="checkbox"/> Someone To Read For You | <input type="checkbox"/> Extra Time |
| <input type="checkbox"/> Other | |

If you have difficulty, are you likely to need additional support during the course?

If yes, how do you describe your difficulty? E.G. Diabetes, Dyslexic, Visual Impairment

Other Support Required?

Careers In Fitness Is An Equal Opportunities Company, Requests Will Be Provided

EMERGENCY CONTACT DETAILS

Name: _____

G Telephone: _____ (Include STD Code)

Relationship To You: _____

How Did You Hear About Careers In Fitness? _____

PAYMENT TYPE

Career Development Loan

Credit / Debit Card

External Source

Cheque

If External Source Give Details: _____

Amount Enclosed £ _____

Deposit £ _____

Balance To Pay £ _____

Start Date: _____ / _____ / _____ (dd/mm/yyyy)

DECLARATION

I confirm that the information I have given is correct and complete to the best of my knowledge. I confirm that I have read and understood the terms and conditions.

I consent to Careers In Fitness processing the personal data set out in this form and other data which they obtain from me or from other people about me connected to my studies and any other legitimate reason. I confirm the course fees will be paid in full.

Applications Signature: _____

Print Name: _____

Date: _____ / _____ / _____ (dd/mm/yyyy)

Return Completed Application To:

Careers In Fitness at Warrenside, Maidenhead Road, Wokingham, RG40 5RJ