

ON LINE APPLICATION FORM

PROFESSIONAL FITNESS & EDUCATION, 9A CLEASBY ROAD, MENSTON, LEEDS LS29 6JE

ADVICE & GUIDANCE REGARDING YOUR APPLICATION

It is important that you have read the prospectus to ensure you are enrolling on the correct training course and you are aware of any pre-requisites required. If you have any questions about the course you are booking on please call us to ensure you receive the appropriate guidance and advice from our customer services team on **01943 879816**

PAYMENT

You can pay by **credit card** over the telephone. Please call **01943 879816** to speak to our customer services team

PERSONAL DETAILS

Surname		Male	Female	
Forename				Telephone Day
Address				Telephone Evening
				Mobile
				Next of Kin - Name
Postcode				Next of Kin - Telephone
D.O.B.				Occupation
Email				How did you find out about us?
Please state your Unique Learner Number (ULN)*				

*A Unique Learner Number (ULN) is a 10-digit reference number which allows you to log your training and education on a Personal Learning Record. Visit www.miap.gov.uk to register and obtain your 10 digit number. Certificates cannot be issued without this information. Please call our customer service team if you need further information 01943879816.

Course Name	Course Code	Start Date	Venue	Cost
Deposit or total amount enclosed with application				
Total prices of course/modules				

RELEVANT QUALIFICATIONS & EXPERIENCE

If you are a qualified exercise teacher please list your **exercise** qualifications.

Subject	Course & Awarding Body	Grade/Result	Date Awarded

Experience:

- (a) Students who have a level 2 or level 3 Central YMCA/OCR/Active IQ Qualification **must provide a copy of their Certificate** prior to attending the training programme. Please attach a scan/photocopy of your Certificates with the application or post to the office. Unfortunately your application cannot be processed without the Certificates.
- (b) Students who are applying for a qualification for the first time please state your experience only. It is a requirement of your booking that you have **practical experience** as a participant in the area of the course you are applying to book.

MEDICAL HISTORY QUESTIONNAIRE

- Yes/No 1. Have you ever, or do you currently, suffer from a heart condition?
- Yes/No 2. Have you ever suffered from Angina or feel pain in your chest when you do physical activity?
- Yes/No 3. In the past month have you had chest pain when not doing physical activity?
- Yes/No 4. Do you lose balance through dizziness or do you ever lose consciousness?
- Yes/No 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Yes/No 6. Are you taking any regular medication in connection with a medical condition or disability?
- Yes/No 7. Have you been told you should only do physical activity recommended by a doctor?
- Yes/No 8. Are you pregnant or recently had a baby?
- Yes/No 8. Do you know any reason why you should not do physical activity?

If you answer yes to any of the following you MUST provide written consent from your doctor to undertake any course. Please give further details

INDIVIDUAL NEEDS/LEARNING DIFFICULTIES

Please indicate below if you have any disabilities or need additional support to assist with your learning. This information will be shared with your tutors and assessors to help with your learning. The information will be treated in confidence and will not prejudice your application. The information is required to help us to assist you on your learning programme if required. **Please tick ✓**

1. Multiple Disabilities	<input type="checkbox"/>	6. Medical condition e.g. asthma, epilepsy	<input type="checkbox"/>	11. Moderate/multiple learning difficulties	<input type="checkbox"/>
2. Blind or visually impaired	<input type="checkbox"/>	7. Behavioural /emotional difficulties	<input type="checkbox"/>	12. Severe learning difficulties	<input type="checkbox"/>
3. Deaf or hearing impaired	<input type="checkbox"/>	8. Mental ill health	<input type="checkbox"/>	13. Dyslexia (difficulty with words)	<input type="checkbox"/>
4. Disability affecting mobility	<input type="checkbox"/>	9. Temporary illness e.g. recent accident	<input type="checkbox"/>	14. Dyscalculia (difficulty with numbers)	<input type="checkbox"/>
5. Disability requiring a wheelchair	<input type="checkbox"/>	10. Other physical disability (please state)	<input type="checkbox"/>	15. Other learning difficulty (please state)	<input type="checkbox"/>

If you have ticked any of the boxes above please give **further information** to enable us to help with your learning:

PAYMENT DETAILS

UPON RECEIPT OF THIS APPLICATION ONE OF OUR CUSTOMER SERVICE ADVISORS WILL CALL YOU TO DISCUSS HOW YOU WISH TO PAY FOR YOUR COURSE. WE CAN TAKE CREDIT CARD BOOKINGS, PAYMENT BY CHEQUE AND ARRANGE STANDING ORDER PAYMENT (NO EXTRA COST)

Telephone number to call you on:	
Convenient time to call:	
If you prefer to call us please do so on:	01943 879816

EQUAL OPPORTUNITIES

We require this information to enable us to monitor the diversity of our applicants. **Please tick ✓**

White British	18	Mixed White & Black Caribbean	11	Asian or Asian British Indian	1
Irish	20	White & Black African	10	Pakistani	2
Any other white background	22	White & Asian	9	Bangladeshi	0
		Any other mixed background. Please state:	15	Any other Asian background. Please state:	3
Black or Black British Caribbean	6	Chinese or other Ethnic Group		Other:	12
African	4	Chinese	7	Not disclosed/supplied	null
Any other Black/African background. Please state:	14			Prefer not to say	17

STANDING ORDER PAYMENTS

Standing orders can be set up for Studio, Gym, Personal Trainer & Matwork Pilates courses. If you wish to pay by standing order, we will spread the payment out over a 3/4 month period. Personal Trainer students can spread the amount over the duration of the course. A deposit is required prior to setting up the standing order. Please note the full balance is required before the end of the course. Please state the day of the month you wish the Standing Order to be taken from your account _____

DECLARATION

Please confirm you have understood the following. (please tick ✓)

- I have read and understood the Terms and Conditions & agree to them.
- I attend exercise sessions (i.e. Studio, Gym, Pilates) on a regular basis in the discipline I am applying to enrol on.
- I understand that I will be required to bring a participant for the practical element of my assessment (Studio Instructor, Aqua Instructor and Pilate's courses only) (*refer to prospectus*).
- I confirm that I have received the appropriate guidance and advice, as stated above, about my course
- I will forward copies of my Certificates (*if applicable – see Relevant Qualifications*) Level 2 Level 3
- I will forward evidence of being a full time student.
- I will forward evidence of being on Job Seekers/ Housing Benefit/ Unemployment Benefit (please tick ✓)

SIGNED: _____

DATE: _____