

COURSE APPLICATION FORM



Personal Details

Surname		Address
Forename		
D.O.B.		
Phone		
Mobile		
Email		

Learning Support for You

Please provide us with any information that will help us to meet your learning needs, indicate any disability/learning difficulty applicable...

Do you have a disability that may affect your study? Yes No

Visual Impairment
 Medical Problems
 Profound Complex Difficulties

Hearing Impairment
 Behaviour Problems
 Multiple Disabilities

Mobility Problems
 Mental Health
 Other Disabilities (please state below)

Other Physical Problem(s)
 Temporary Health

Do you have a learning difficulty that may affect your study? Yes No

Moderate Difficulty
 Multiple Difficulties
 Do you need extra help with...

Severe Difficulty
 Other Unspecified Difficulties
 Maths Yes No

Dyslexia
 Other Difficulty (please state below)
 English Yes No

Dyscalcula

Medical History Questionnaire

✓ Yes x No Please tick the relevant box to each of the questions below...

 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a Doctor?

 2. Do you feel pain in your chest when you do physical activity?

 3. Do you lose your balance because of dizziness or do you ever lose consciousness?

 4. Do you have a bone or joint injury that could be made worse by a change in your physical activity?

 5. Is your Doctor currently prescribing drugs for you blood pressure or heart condition?

 6. Do you know of any other reason why you should not do physical activity? (provide details below)

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If you have ticked 'yes' to any question, you MUST provide written consent/authorisation from your doctor to undertake a FIT UK training programme. This must be attached to this application form.

Programme Details

Course Title	Course Code	Venue	Price
Total Cost			

Relevant Qualifications

Awarding Body <i>Please tick below the qualifications you currently hold...</i>	
Level 2 Fitness Instructing Gym-based Exercise	<input type="checkbox"/>
Level 2 Fitness Instructing Exercise to Music	<input type="checkbox"/>
Level 2 Coaching Strength and Conditioning	<input type="checkbox"/>
Level 3 in Personal Training	<input type="checkbox"/>
Level 3 Exercise Referral	<input type="checkbox"/>
Emergency First Aid at Work	<input type="checkbox"/>
GCSE English Grade A-C	<input type="checkbox"/>
GCSE Maths Grade A-C	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

How did you hear about us?**How are you paying?**Payment Method: Cheque Credit Card Debit Card

If paying by credit or debit card, when would be the most convenient time to call to take payment?

 AM PM Any time**Student Declaration**

I have read, understood and agree to the 'Terms & Conditions' provided, and confirm that the details I have given on this form are correct.

Student Signature

Date:

Office Use Only

Date Received

Date Processed

Letter Sent

 Yes No

Any other info.