



3 Passport  
Photos  
Attached

*Certificate in Exercise & Health Fitness Application*  
*(Portlaoise Course)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel No. \_\_\_\_\_ Mobile: \_\_\_\_\_

PPS No: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address \_\_\_\_\_

Educational Qualifications; \_\_\_\_\_

\_\_\_\_\_

Are you currently working in the Fitness Industry? \_\_\_\_\_

Venue: \_\_\_\_\_ Position; \_\_\_\_\_

Responsibilities; \_\_\_\_\_

How did you hear about this course? \_\_\_\_\_

Current exercise habits: \_\_\_\_\_

\_\_\_\_\_

Do you have any special needs / learning difficulties? \_\_\_\_\_

If yes please describe \_\_\_\_\_

\_\_\_\_\_

Do you have any medical problems? \_\_\_\_\_

If yes please describe \_\_\_\_\_

\_\_\_\_\_

Deposit Enclosed €500; \_\_\_\_\_

*Form of Consent*

I have volunteered to participate in this training course. I understand that this involves physical exercise. To my knowledge I do not have any physical condition, disability or infectious disease which precludes participation in this course. I waive any possibility of personal damage, which may be blamed on such a programme now or in the future and accept responsibility for requesting to participate on this programme.

Signature :

Date :

\_\_\_\_\_

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