

Course Application Form



Personal Details

[all fields marked * are mandatory]

*First Name:	[As appears on birth cert]	3 Passport Photos Attached
*Last Name:		
*Address:		
*Telephone:		
*D.O.B:		
*Nationality:		
*Irish PPS No:	*Evidence of PPS No Enclosed <input type="checkbox"/>	
*Gender:		
*Email:		
*Any Special Needs/Learning Difficulties? If yes ,please Detail		
*Any Medical Problems? If yes, please detail		

Educational Qualifications

Year	Qualification	Awarding Body	Award

Employment History

Relevant Work Experience (Please detail)

Dates (To- From)	Company	Responsibilities

*Please enclose a copy of any document that details your Full Name and PPS Number. A copy of the full document is not required-only evidence of the details mentioned above.

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Supporting Statement

[Please detail any additional information that you feel may contribute to your application]

Course Details [Please select one]

Course Title		Location	Deposit Enclosed
Personal Trainer	<input type="checkbox"/>		€
Personal Fitness Instructor	<input type="checkbox"/>		€
Certificate In Exercise & Health Fitness	<input type="checkbox"/>		€
Advanced Resistance Training	<input type="checkbox"/>		€
Lifestyle & Weight Management Consultant	<input type="checkbox"/>		€
Sports Massage & Remedial Therapy	<input type="checkbox"/>		€
Childcare	<input type="checkbox"/>		€
Childcare (School Age)	<input type="checkbox"/>		€
Supervision in Childcare	<input type="checkbox"/>		€
Train the Trainer	<input type="checkbox"/>		€

Form of Consent

I have volunteered to participate in this training course. I understand that this may involve physical activity. 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. I also affirm that all information disclosed in this application is true.

Sign _____

Date: _____

Where did you hear about us?

Newspaper <input type="checkbox"/>	Referral <input type="checkbox"/>	Internet <input type="checkbox"/>	Friend <input type="checkbox"/>
Other <input type="checkbox"/> Please specify: _____			

Method of Payment [Installment Plans available]



Receive a 10% Discount on any Course if Full Payment is received prior to course commencement

Payment Amount:			
Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Postal Order <input type="checkbox"/>	Bank Draft <input type="checkbox"/>
Card Payment Option:	Laser <input type="checkbox"/>	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>
Card Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
3 Security Digits :	<input type="text"/> <input type="text"/> <input type="text"/>	Expiry Date: (mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cardholder's Name:			
Billing Address:			