

# APPLICATION FORM



## PULMONARY REHABILITATION "IN THE COMMUNITY"

### SPECIALIST COURSE

#### *Personal Details*

TITLE (MR/MRS/MS/OTHER) .....

FIRST NAME/S .....

SURNAME .....

DATE OF BIRTH .....

TEL. NO (DAY) .....

E-MAIL .....

ADDRESS .....

.....

TOWN .....

COUNTY .....

POSTCODE .....

#### *Course*

DATE .....

VENUE .....

#### *Employment Details*

PRESENT POSITION .....

EMPLOYER .....

PLACE OF WORK .....

.....

TEL NO. ....

LENGTH OF EMPLOYMENT .....

JOB DESCRIPTION .....  
.....  
.....  
.....  
.....  
.....

PREVIOUS POSITION .....

PREVIOUS EMPLOYER'S NAME .....  
.....

LENGTH OF PREVIOUS EMPLOYMENT .....

FITNESS / SPORTS EXPERIENCE .....  
.....  
.....  
.....

*Current Qualifications Held*

COLLEGE / UNIVERSITY QUALIFICATIONS (If any)

	Date Attained	Level

LEISURE / FITNESS QUALIFICATIONS (Please list)

	Date Attained	Level

EXERCISE REFERRAL QUALIFICATION:

WRIGHT Foundation QUALIFICATION

YES/NO

Date attained.....

OTHER REPs/SKILLSACTIVE APPROVED EXERCISE REFERRAL  
 QUALIFICATION or EQUIVALENT QUALIFICATION (Please list)

	Date Attained	Level

OTHER RELEVANT QUALIFICATIONS (Please list)

	Date Attained	Level

CURRENT MEMBERSHIP OF PROFESSIONAL BODIES (Please list)

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ANY OTHER INFORMATION RELEVANT TO THIS APPLICATION

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WHY DO YOU WANT A SPECIALIST EXERCISE REFERRAL QUALIFICATION?

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DO YOU HAVE ANY ADDITIONAL LEARNING NEEDS OR REQUIREMENTS? [Please detail \(✓\)](#)

A Learning Difficulty: <input type="checkbox"/>	Dyslexia: <input type="checkbox"/>	Visual or Hearing Impairment: <input type="checkbox"/>	English as second Language: <input type="checkbox"/>
A need not listed here (please give details):			
Are you a wheelchair user?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

*Payment Details*

**I ENCLOSE A CHEQUE PAYABLE TO THE WRIGHT FOUNDATION**

Please tick if relevant

**RESEARCH FOR £295** (VAT not payable)

Course Fee £.....

Total Payment £.....

**PLEASE DEBIT MY VISA / MASTERCARD / MAESTRO**

Please tick if relevant

**(please delete as appropriate) WITH THE TOTAL COURSE FEE**

CARD NO. ....

NAME ON CARD .....

EXPIRY ..... ISSUE NO. (if Maestro) .....

SECURITY CODE (3 digits on sig. strip) .....

**PLEASE INVOICE THE TOTAL OF THE COURSE FEE (PRIOR AGREEMENT REQUIRED)**

Please tick if relevant

CONTACT NAME .....

COMPANY NAME & ADDRESS .....

PURCHASE ORDER NO.\* .....

Please include an official copy of the original purchase order.

ACCTS PAYABLE CONTACT NAME\* .....

ACCTS PAYABLE TEL. NO.\* .....

\* Mandatory

**TERMS OF APPLICATION**

**CANCELLATION OF YOUR PLACE WITHIN ONE MONTH OF THE COURSE DATE WILL INCUR A CANCELLATION CHARGE EQUIVALENT TO 50% OF THE AGREED COURSE FEE. CANCELLATION WITHIN TWO WEEKS WILL INCUR A CHARGE OF 100% OF THE AGREED COURSE FEE. THIS CHARGE CAN BE REDEEMED AGAINST A FUTURE COURSE TAKEN WITHIN 6 MONTHS OF THE CANCELLATION DATE ON A STANDBY BASIS.**

**TRANSFER TO ANOTHER VENUE ONCE YOUR COURSE PLACE HAS BEEN CONFIRMED WILL INCUR AN ADMINISTRATION CHARGE OF £30 + VAT.**

**COURSE FEE MUST BE PAID PRIOR TO COMMENCEMENT OF COURSE.**

I confirm that the details on this application are correct and I have read and accepted the terms of application.

CANDIDATE'S SIGNATURE .....  
CANDIDATE'S NAME .....  
DATE .....

**PLEASE RETURN THE COMPLETED FORM TO:**

The WRIGHT Foundation Research  
PO BOX 159  
DUNDEE  
DD1 9HF

**t.** 01382 451146  
**f.** 01382 451163

**e.** [info@wrightfoundationresearch.org](mailto:info@wrightfoundationresearch.org)  
**w.** [www.wrightfoundation.com](http://www.wrightfoundation.com)