



EXERCISE REFERRAL APPLICATION FORM

Personal Details

TITLE (MR/MRS/MS/OTHER)

FIRST NAME/S

SURNAME

DATE OF BIRTH

TEL. NO (DAY)

E-MAIL

ADDRESS

.....

.....

TOWN/CITY

COUNTY

POSTCODE

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

SCHOOL QUALIFICATIONS (Please list)

COLLEGE / UNIVERSITY QUALIFICATIONS (If any)

	Date Attained	Level

LEISURE / FITNESS QUALIFICATIONS (Please list)

	Date Attained	Level

NB. To gain acceptance for REP's in Exercise Referral, an Advanced Instructor/ Personal Trainer or equivalent Qualification is required.

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 TO BECOME QUALIFIED IN EXERCISE REFERRAL?

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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"/>		

EQUAL OPPORTUNITIES: *Please select (✓) your ethnic group from the list below:*

The following information is required for us to monitor the diversity of applicants. It is strictly confidential and will be solely used for monitoring purposes only.

01. Bangladeshi <input type="checkbox"/>	15. Black or Black British – African <input type="checkbox"/>
02. Black African <input type="checkbox"/>	16. Black or Black British – Caribbean <input type="checkbox"/>
03. Black Caribbean <input type="checkbox"/>	17. Black or Black British – Any Other <input type="checkbox"/>
04. Black Other <input type="checkbox"/>	18. Chinese <input type="checkbox"/>
05. Chinese <input type="checkbox"/>	19. Mixed – White and Asian <input type="checkbox"/>
06. Indian <input type="checkbox"/>	20. Mixed – White and Black African <input type="checkbox"/>
07. Pakistani <input type="checkbox"/>	21. Mixed – White and Black Caribbean <input type="checkbox"/>
08. White <input type="checkbox"/>	22. Any other mixed background <input type="checkbox"/>
09. Other Asian <input type="checkbox"/>	23. White – British <input type="checkbox"/>
11. Asian or Asian British – Bangladeshi <input type="checkbox"/>	24. White – Irish <input type="checkbox"/>
12. Asian or Asian British – Indian <input type="checkbox"/>	25. White – Any Other <input type="checkbox"/>
13. Asian or Asian British – Pakistan <input type="checkbox"/>	98. Other <input type="checkbox"/>
14. Asian or Asian British – Any Other <input type="checkbox"/>	99. Not Stated <input type="checkbox"/>

Preferred Course

DATE

VENUE

Payment Details

I ENCLOSE A CHEQUE PAYABLE TO THE WRIGHT FOUNDATION FOR £450.00 + VAT

Please tick if relevant

Course Fee £.....

VAT at current rate £.....

Total Payment £.....

Promotional Code (if applicable)

PLEASE DEBIT MY VISA / MASTERCARD / MAESTRO

Please tick if relevant

(please delete as appropriate) WITH THE TOTAL COURSE FEE

CARD NO.

NAME ON CARD

VALID FROM EXPIRY DATE

SECURITY CODE (3 digits on sig. strip) ISSUE NO. (if Maestro)

PLEASE INVOICE THE TOTAL OF THE COURSE FEE

Please tick if relevant

(PRIOR AGREEMENT REQUIRED)

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
PO BOX 159
DUNDEE
DD1 9HF

t. 01382 451146
f. 01382 451163
e. info@wrightfoundation.com
w. www.wrightfoundation.com