

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
 Date attained.....

YES/NO

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 SPECIAL NEEDS? (Please detail)

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.....
.....
.....
.....

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
w. www.wrightfoundation.com