



# APPLICATION FORM Specialist Courses

### Personal Details

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

FIRST NAME/S .....

SURNAME .....

DATE OF BIRTH .....

TEL. NO (DAY) .....

E-MAIL .....

ADDRESS .....

.....

.....

TOWN .....

COUNTY .....

POSTCODE .....

### Specialist Course – (Please tick)

- |   |   |
|---|---|
| <input type="checkbox"/> Cardiac Phase IV Rehab | <input type="checkbox"/> Chronic Lower Back Pain    |
| <input type="checkbox"/> Obesity & Diabetes     | <input type="checkbox"/> Exercise & the Older Adult |
| <input type="checkbox"/> Mental Health          | <input type="checkbox"/> Children & Young People    |
| <input type="checkbox"/> Stroke                 |   |

DATE .....

VENUE .....

### Employment Details

PRESENT POSITION .....

EMPLOYER .....

PLACE OF WORK .....

.....

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TEL NO. ....

LENGTH OF EMPLOYMENT .....

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

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 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

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 .....  
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  
PO BOX 159  
DUNDEE  
DD1 9HF

t. 01382 451146  
f. 01382 451163  
e. [info@wrightfoundation.com](mailto:info@wrightfoundation.com)  
w. [www.wrightfoundation.com](http://www.wrightfoundation.com)