



LEVEL 4 SPECIALIST APPLICATION FORM

Personal Details

TITLE (MR/MRS/MS/OTHER) FIRST NAME/S

SURNAME DATE OF BIRTH

TEL. NO. MOBILE NO.

E-MAIL

ADDRESS

TOWN/CITY COUNTY

POSTCODE COUNTRY

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"/>	Cancer Rehabilitation
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Pulmonary Rehabilitation
<input type="checkbox"/>	Exercise for Long term Neurological Conditions		

LOCATION: **DATE:**

Employment Details

PRESENT POSITION

EMPLOYER

WORK ADDRESS

TOWN/CITY COUNTY

POSTCODE COUNTRY

WORK TEL. NO. LENGTH OF EMPLOYMENT (YRS)

JOB DESCRIPTION

.....

PREVIOUS RELEVANT POSITIONS

.....

FITNESS / SPORTS EXPERIENCE

.....



PRE-REQUISITE

It is the policy of WRIGHT Foundation CIC that students who wish to undertake a course must provide evidence of listed **relevant fitness qualifications**. WRIGHT Foundation requires photocopies/scanned images of all relevant certificates for all applications. Should students wish to gain REPs accreditation, they must hold the relevant gym based pre-requisites prior to attending the course : e.g. **Level 2 Fitness Instructor OR Level 3 Personal Trainer AND WRIGHT Foundation Exercise Referral Certificate or other REPs endorsed Exercise Referral qualification.**

LEVEL 3 GP EXERCISE REFERRAL QUALIFICATION

YES

NO

Provider.....

Date attained.....

Current Qualifications Held

COLLEGE / UNIVERSITY QUALIFICATIONS (IF ANY)

	Date Attained	Level

MAIN RELEVANT LEISURE / FITNESS QUALIFICATIONS (Please List)

	Date Attained	Level



OTHER RELEVANT QUALIFICATIONS (Please list)

.....

CURRENT MEMBERSHIP OF PROFESSIONAL BODIES (Please list) e.g. CIMSPA/ REPs

.....

ANY OTHER INFORMATION RELEVANT TO THIS APPLICATION

.....

WHY DO YOU WANT TO BECOME QUALIFIED IN EXERCISE REFERRAL?

.....

HOW DID YOU FIRST FIND OUT ABOUT THIS COURSE? (Please tick any that apply)

Friend/ Colleague/ Manager	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>
Email	<input type="checkbox"/>	Leaflet/ Flier	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	Poster	<input type="checkbox"/>
Internet	<input type="checkbox"/>	Facebook	<input type="checkbox"/>
Television	<input type="checkbox"/>	Twitter	<input type="checkbox"/>
Radio	<input type="checkbox"/>	LinkedIn	<input type="checkbox"/>
Other (please explain)	<input type="checkbox"/>		

.....

DO YOU HAVE ANY ADDITIONAL LEARNING NEEDS OR REQUIREMENTS? (Please tick any that apply)

A Learning Difficulty <input type="checkbox"/>	Dyslexia <input type="checkbox"/>	Visual or Hearing Impairment <input type="checkbox"/>	English as a 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 tick your ethnic group from the list below:

This information is required by us to monitor the diversity of our applicants. It is strictly confidential and will be used solely for monitoring purposes.

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

PLEASE ANSWER THE QUESTIONS BELOW (Tick as applicable)

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
I currently feel confident in my ability to work with medically referred clients					
I understand how WRIGHT Solutions software could help to manage my referral scheme					
I understand how the Centre of Excellence award could help my scheme					



PLEASE COMPLETE ALL RELEVANT PAYMENT INFORMATION BELOW:

a) Course Fees £.....

b) TOTAL FEES DUE £.....

Promotional Code (if applicable)

PLEASE NOTE COURSE FEE MUST BE PAID AT TIME OF BOOKING

PLEASE TICK THE PAYMENT METHOD YOU WOULD LIKE TO USE:

PLEASE DEBIT MY VISA / MASTERCARD / MAESTRO WITH THE TOTAL FEES DUE (c)
(please delete above as appropriate)

NAME ON CARD*

CARD NO.*

EXPIRY*

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

OR

PLEASE INVOICE FOR THE TOTAL FEES DUE (c)

REQUISITIONER CONTACT NAME*

COMPANY NAME & ADDRESS*

.....

.....

PURCHASE ORDER NO.*

Please include an official copy of the original purchase order.

ACCOUNTS PAYABLE CONTACT NAME*

ACCOUNTS PAYABLE EMAIL ADDRESS*

ACCOUNTS PAYABLE TEL. NO.*

(*Mandatory)



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% 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 £35 (VAT Not Applicable)

DATA PROTECTION - WRIGHT Foundation CIC will not share any sensitive or personal information with 3rd parties, other than in order to comply with the regulations of our endorsing body, who require us to provide them with access to assessment documents and certificates which might include limited identifiable information about you, e.g. Name and date of birth. Please be assured that this is part of the quality assurance process and is standard practice within the industry. Our Privacy Policy is available on our website.

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

CANDIDATE'S
NAME

CANDIDATE'S
SIGNATURE

DATE

MAILING LIST - We would like to keep you up to date with all our news and course dates. We will not pass your information onto 3rd parties. If you would like to be added to our mailing list, please tick here

PLEASE RETURN THE COMPLETED FORM WITH COPIES OF THE APPLICANT'S FITNESS CERTIFICATES TO:

WRIGHT Foundation CIC
Office 4
Wester Meathie
Inverarity
By Forfar
Angus
DD8 1XJ

e. courseapplications@wrightfoundation.com
w. www.wrightfoundation.com