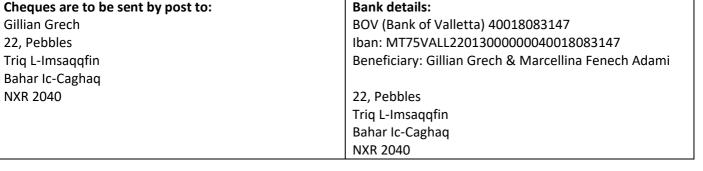
Which course would you like to apply for:

Gym Level 2	Exercise to Music Level 2	Personal Training Level 3
PERSONAL DETAILS		
Name	Surname	
Landline	Mobile	
ID Card No	Date of birth	
Address		
Country of origin/birth	Gender	
Email address	Occupation	
Next of kin name & contact numbe	r	
How did you hear about this course?		
INDIVIDUAL REQUIREMENTS (This	information will be treated confident	tially; it will enable us to help you)
Do you have any of the following co	onditions:	
A learning difficulty	Dyslexia	
Hearing impairment	Other	use specify
Is English your second language?	YES NO	

## **MEDICAL HISTORY** Do you have any medical history that we should be aware of (e.g. heart condition, chest pain, dizziness, bone or joint problem, blood pressure, taking prescribed drugs, currently pregnant or pregnant in the last six months). YES NO If you answered YES, you MUST provide a written consent/authorisation from your doctor to undertake this course. Kindly attach to this application. **RELEVANT QUALIFICATIONS Examining body** Level Subject Grade Date awarded **PAYMENT** Payment in full can be made: By direct bank transfer (bank details below) By cheque payable to either Celine Fenech Adami or Gillian Grech Cash payment Course payments or deposits are non-refundable. Date Applicant signature



**Bank details:** 

