## **Application Form**

Which Fitness Workshop(s) would y	ou like to attend:	
The Core of Functional Tra Nutrition Business & IT for PT Principles of Health & Wel Delivering Exercise Program Planning Exercise Program Knowing How To Support ( Principle of Health & Safet	Ibeing mmes For PT Sessions me Designs For PT Clients Clients	
PERSONAL DETAILS		
Name	Surname	
Landline	Mobile	
ID Card No	Date of birth	
Address	<del> </del>	
Country of origin/birth	origin/birth Gender	
Email address	Occupation	
Next of kin name & contact number	r	
How did you hear about this course	?	
INDIVIDUAL REQUIREMENTS (This	information will be treated confidentially; it will enable us to help you)	
Do you have any of the following co	onditions:	
A learning difficulty	Dyslexia	
Hearing impairment	Other  Please 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
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If you answered YES, you MUST provide a written consent/authorisation from your doctor to undertake this course. Kindly attach to this application.

## **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.

Applicant signature	Date

## Cheques are to be sent by post to:

Gillian Grech 22, Pebbles Triq L-Imsaqqfin Bahar Ic-Caghaq NXR 2040

## Bank details:

BOV (Bank of Valletta) 40018083147

Iban: MT75VALL22013000000040018083147

Beneficiary: Gillian Grech & Marcellina Fenech Adami

22, Pebbles Triq L-Imsaqqfin Bahar Ic-Caghaq NXR 2040

