

Pilates Training Solutions Application Form

Surname:		Other names:	
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
Home Address:			
Home telephone no:		Daytime no:	
Mobile no:			
e-mail address:			
Date of Birth:		Age:	

Previous Education

Name and address of secondary schools/colleges attended	Dates	Course

Qualifications

Please list those already achieved and those for which you are currently studying

Award	Subject	Year	Result	Award	Subject	Year	Result

Experience of work

Please give brief details of full/part-time employment and your personal interests

Please state your nationality	Are you a permanent resident in the UK or EU? Yes <input type="checkbox"/> How many years resident? No <input type="checkbox"/> Date of entry into UK? Are there any restrictions on the length of your stay in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>
Which country do you normally live in?	

Please state for which course you are applying, outline your reasons for wanting to attend and your hopes for the future.

How did you hear about us?

Do you require extra help e.g. with English, Maths or learning difficulties such as dyslexia, wheelchair access, help for sight or hearing impairment etc? Please give us details so we can discuss your needs with you.

What concerns, if any, do you have about taking the course?

Signature of applicant

Date of Application

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