

Pilates Training Solutions Application Form

Surname: _____ Other Names: _____

Mr Mrs Miss Ms

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 for which you are currently studying

Please state your nationality

Which country do you normally live in?

Are you a permanent resident in the UK or EU?

Yes How many years resident?

No Date of entry into UK?

Are there any restrictions on the length of your stay in the UK?

Yes No

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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