



Application Form Level 3 Diploma in Teaching Pilates

Please complete the application form in BLOCK CAPITALS and mark an X in the relevant boxes. All fields are mandatory.

Centre Name:

Male Female Date of Birth / / Initials

First Name

Surname

Name you are known as

Address

Postcode

Telephone (Day time)

Mobile

Email

Emergency Contact Information

Emergency Contact Name

Relationship to Applicant

Emergency Contact Number(s)

Emergency Contact Mobile

Special Requirements - Please complete form LS-2B for special consideration or special requirements

OFFICE USE ONLY

Applicant accepted on the course? Yes No Learner tracking in place? Yes No

Special Requirements needed? Yes No Special Requirements in place? Yes No

Course commencement? Date

Notes



Previous learning experience

Please list, any qualifications, GCSEs, A level, degree, diploma, FE or HE qualifications you have.

Qualifications Title(eg. GNVQs, NVQs etc.)	Dates	Subjects with grades

Please list, most recent first, any non-fitness/Pilates courses you have attended since leaving school.

Qualifications Title(eg. GNVQs, NVQs etc.)	Dates	Subjects with grades

If a candidate has clear evidence of previous achievement then this may be taken into account and may exempt you from one or more assessments.

Please list below, with dates, any previous fitness or Pilates qualifications you have. Please attach copies of your certificates to this application form.

Qualifications	Dates	Subjects with grades



Candidate Statement

Please write a short statement detailing your Pilates experience so far, any previous teaching experience (in any subject) and any additional skills and special interests relevant to this application.

[Empty box for Candidate Statement]

References

Please give the name and address of one person from whom references may be obtained relating to previous experiences you wish to be taken into consideration.

Name	_____	Post Title	_____
Address	_____	Contact number	_____
	_____	Email Address	_____
	_____		_____

Declaration

I understand that the information I give, including the information on form LS-1B, may need to be shared with other relevant members of staff. I agree I do not agree

I understand that my personal data will be processed by So Pilates Ltd and may be retained and used for administration purposes. I agree I do not agree

I declare the above information is true to the best of my knowledge.

Signature of Applicant _____ Date _____



Learning Support Questionnaire

Form LS-2B

Personal Background

Completing this section of the form is optional. Information from this section will be used to ensure we can offer support to yourself and future students. Please continue on extra paper if necessary.

Family Information

Married Single Divorced Relationship Children?

How many children? Age range?

Ethnic Origin

- Asian or Asian British
- Black or Black British
- Chinese
- Mixed - White and Asian
- Mixed - White and Black
- Mixed - Any other mixed background
- White British
- White Irish
- White European
- White - Any other white background
- Any other
- Not known / Not provided

What is your first language? _____

Do you speak other languages? If so, which? _____

Learning Support

ALL REQUESTS FOR LEARNING SUPPORT WILL BE CONSIDERED ON AN INDIVIDUAL BASIS

What is your learning difficulty, disability or medical condition?

How does this affect your learning?

Did you have help at school or any other college? Yes No

What kind of help did you have? (e.g. equipment, tutor support, in-class support?)

Did you have exam concessions? Yes No

Please state what concessions were made: _____

Do you think you would benefit from any other help? Please detail what type of help below:

I declare the above information is true to the best of my knowledge.

Signature of Applicant _____ Date _____