



LEVEL 4 SPECIALIST APPLICATION FORM

This form can be completed by opening with Adobe or other pdf viewing software. If you experience any difficulties completing the form please contact courseapplications@wrightfoundation.com

Personal Details

TITLE (MR/MRS/MS/OTHER) FIRST NAME/S

SURNAME DATE OF BIRTH

TEL. NO. MOBILE NO.

E-MAIL

ADDRESS

TOWN/CITY COUNTY

POSTCODE COUNTRY

Specialist Course – (Please tick)

<input type="checkbox"/>	Cardiac Phase IV Rehab	<input type="checkbox"/>	Chronic Lower Back Pain
<input type="checkbox"/>	Obesity & Diabetes	<input type="checkbox"/>	Cancer Rehabilitation
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Pulmonary Rehabilitation

LOCATION: **DATE:**

Employment Details

PRESENT POSITION

EMPLOYER

WORK ADDRESS

TOWN/CITY COUNTY

POSTCODE COUNTRY

WORK TEL. NO. LENGTH OF EMPLOYMENT (YRS)

JOB DESCRIPTION

.....

PREVIOUS RELEVANT POSITIONS

.....

FITNESS / SPORTS EXPERIENCE

.....

.....



PRE-REQUISITE

It is the policy of The WRIGHT Foundation that students who wish to undertake a course must provide evidence of listed **relevant fitness qualifications**. The WRIGHT Foundation requires photocopies/scanned images of all relevant certificates for all applications. Should students wish to gain REPs accreditation, they must hold the relevant gym based pre-requisites prior to attending the course : e.g. **Level 2 Fitness Instructor OR Level 3 Personal Trainer AND WRIGHT Foundation Exercise Referral Certificate or other REPs endorsed Exercise Referral qualification.**

LEVEL 3 GP EXERCISE REFERRAL QUALIFICATION YES/NO

Provider..... Date attained.....

Current Qualifications Held

COLLEGE / UNIVERSITY QUALIFICATIONS (IF ANY)

	Date Attained	Level

MAIN RELEVANT LEISURE / FITNESS QUALIFICATIONS (Please List)

	Date Attained	Level

PLEASE PROVIDE COPIES OF YOUR CERTIFICATES FOR THE ABOVE: (Please indicate)

- EMAILED COPIES OF CERTIFICATES TO THE WRIGHT FOUNDATION OFFICE
- ATTACHED COPIES OF CERTIFICATES WITH THIS APPLICATION FORM

OTHER RELEVANT QUALIFICATIONS (Please list)



CURRENT MEMBERSHIP OF PROFESSIONAL BODIES (Please list)

.....

ANY OTHER INFORMATION RELEVANT TO THIS APPLICATION

.....

WHY DO YOU WANT TO BECOME QUALIFIED AT LEVEL 4 IN THIS SPECIALIST AREA(S)?

.....

HOW DID YOU FIRST FIND OUT ABOUT THIS COURSE? (Please tick any that apply)

Friend/ Colleague/ Manager	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>
Email	<input type="checkbox"/>	Leaflet/ Flier	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	Poster	<input type="checkbox"/>
Internet	<input type="checkbox"/>	Facebook	<input type="checkbox"/>
Television	<input type="checkbox"/>	Twitter	<input type="checkbox"/>
Radio	<input type="checkbox"/>	LinkedIn	<input type="checkbox"/>
Other (please explain)	<input type="checkbox"/>		

.....

DO YOU HAVE ANY ADDITIONAL LEARNING NEEDS OR REQUIREMENTS? (Please any/all that apply)

A Learning Difficulty <input type="checkbox"/>	Dyslexia <input type="checkbox"/>	Visual or Hearing Impairment <input type="checkbox"/>	English as a second language <input type="checkbox"/>
A need not listed here (please give details):			
Are you a wheelchair user?		Yes <input type="checkbox"/> No <input type="checkbox"/>	



EQUAL OPPORTUNITIES: Please tick your ethnic group from the list below:

This information is required by us to monitor the diversity of our applicants. It is strictly confidential and will be used solely for monitoring purposes.

Bangladeshi	<input type="checkbox"/>	Black or Black British - African	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Black or Black British - Caribbean	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Black or Black British - Any Other	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	Mixed - White and Asian	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Mixed - White and Black African	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Mixed - White and Black Caribbean	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Any other mixed background	<input type="checkbox"/>
White	<input type="checkbox"/>	White - British	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>	White - Irish	<input type="checkbox"/>
Asian or Asian British - Bangladeshi	<input type="checkbox"/>	White - Any Other	<input type="checkbox"/>
Asian or Asian British - Indian	<input type="checkbox"/>	Other	<input type="checkbox"/>
Asian or Asian British - Pakistan	<input type="checkbox"/>	Not stated	<input type="checkbox"/>
Asian or Asian British - Any Other	<input type="checkbox"/>		

PLEASE ANSWER THE QUESTIONS BELOW (Tick as applicable)

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
I currently feel confident in my ability to work with medically referred clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand how WRIGHT Solutions software could help to manage my referral scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand how the Centre of Excellence award could help my scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PLEASE COMPLETE ALL RELEVANT PAYMENT INFORMATION BELOW:

a) Course Fees £.....

b) TOTAL FEES DUE £.....

Promotional Code (if applicable)

I ENCLOSE A CHEQUE PAYABLE FOR (b) TO 'WRIGHT FOUNDATION' (Please tick)

PLEASE DEBIT MY VISA / MASTERCARD / MAESTRO (Please tick)
WITH THE TOTAL FEES DUE (b) (please delete above as appropriate)

CARD NO.*

NAME ON CARD*

VALID FROM* EXPIRY*

SECURITY CODE* (3 digits on sig. strip) ISSUE NO. (if Maestro)*

PLEASE INVOICE FOR THE TOTAL FEES DUE (b) (Please tick)
(PRIOR AGREEMENT REQUIRED)

REQUISITIONER CONTACT NAME*

COMPANY NAME & ADDRESS*

.....

.....

PURCHASE ORDER NO.*

Please include an official copy of the original purchase order.
Please note: invoices are sent by email, therefore a valid accounts payable details **MUST** be provided below*

ACCOUNTS PAYABLE CONTACT NAME*

ACCOUNTS PAYABLE EMAIL ADDRESS*

ACCOUNTS PAYABLE TEL. NO.*

(*Mandatory)



CANCELLATION OF YOUR PLACE WITHIN ONE MONTH OF THE COURSE DATE WILL INCUR A CANCELLATION CHARGE EQUIVALENT TO 50% OF THE AGREED COURSE FEE.

CANCELLATION WITHIN TWO WEEKS WILL INCUR A CHARGE OF 100% THE AGREED COURSE FEE. THIS CHARGE CAN BE REDEEMED AGAINST A FUTURE COURSE TAKEN WITHIN 6 MONTHS OF THE CANCELLATION DATE ON A STANDBY BASIS.

TRANSFER TO ANOTHER VENUE ONCE YOUR COURSE PLACE HAS BEEN CONFIRMED WILL INCUR AN ADMINISTRATION CHARGE OF £35 (VAT Not Applicable)

DATA PROTECTION - WRIGHT Foundation will not share any sensitive or personal information with 3rd parties, other than in order to comply with the regulations of our endorsing body, who require us to provide them with access to assessment documents and certificates which might include limited identifiable information about you, e.g. Name and date of birth. Please be assured that this is part of the quality assurance process and is standard practice within the industry.

COURSE FEE MUST BE PAID PRIOR TO COMMENCEMENT OF COURSE.

I confirm that the details on this application are correct and I have read and accepted the terms of application.

CANDIDATE's NAME

CANDIDATE's SIGNATURE

DATE

MAILING LIST - We will add you to our mailing list and only contact you about our products. We will not pass your information onto 3rd parties. If you **DO NOT** wish to be added to our mailing list, please tick

PLEASE RETURN THE COMPLETED FORM WITH COPIES OF THE APPLICANT'S FITNESS CERTIFICATES TO:

The WRIGHT Foundation
PO BOX 159
DUNDEE
DD1 9HF

t. 01382 451188
f. 01382 451163

e. courseapplications@wrightfoundation.com
w. www.wrightfoundation.com