

FITNESS COURSES MALTA

APPLICATION FORM

Please complete the application form in full using block capitals.

Which course/s would you like to apply for :

Gym Level 2

Exercise to Music Level 2

Personal Training Level 3

Surname _____ Home Telephone _____

First Names _____ Work Telephone _____

Address _____ Mobile phone _____

_____ E-mail address _____

Male/Female Date of birth _____

Next of Kin Telephone _____

What is your occupation? _____

How did you find out about the course? _____

INDIVIDUAL NEEDS

This information is treated confidentially; it will enable us to help you.

Do you have?

A learning difficulty

Dyslexia

Deaf/hearing impairment

English as a second language

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

If you answered YES, you MUST provide written consent/authorisation from your doctor to undertake the course.

This must be attached to the application form.

RELEVANT QUALIFICATIONS

Examining Body	Level	Subject	Grade	Date Awarded

PAYMENT:

Payment in full can be made:

- By direct bank transfer (bank details below)
- By cheque made payable to either Celine Fenech Adami or Gillian Grech
- Cash payment

Course payments or deposits are non-refundable.

SIGNED _____ **Date** _____

Cheques can be send by post to:

**Gillian Grech,
'Helen'
Andre Maurois Street,
St. Julians STJ 1572.**

Bank details:

BOV (Bank of Valletta) 40017045830

IBAN: MT75VALL22013000000040018083147

Beneficiary: Gillian Grech & Marcellina Fenech Adami.

Helen

Andre Maurois Street,

St. Julians STJ 1572.