

EXERCISE REFERRAL APPLICATION FORM

Personal Details

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

SURNAME: DATE OF BIRTH:

TEL. NO: MOBILE NO:

E-MAIL:

ADDRESS:

TOWN/CITY: COUNTY:

POSTCODE: COUNTRY:

PLEASE INDICATE YOUR CHOSEN COURSE:

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

PREREQUISITE

It is the policy of WRIGHT Foundation CIC that students who wish to undertake a course must provide evidence of listed **relevant fitness qualifications**. WRIGHT Foundation require photocopies/scanned images of all relevant certificates in order to process applications.

Failure to produce photocopy evidence of current Fitness Qualifications will result in WRIGHT Foundation being **unable** to register candidates for further accreditation, or process your application form.

Students who wish to gain CPD points with CIMSPA are required to purchase an Awarding Body Certificate **and** hold the relevant gym-based prerequisites prior to attending the course: e.g., Level 2 Fitness Instructor OR Level 3 Personal Trainer.

Please confirm that you have read and understood the above statements ☐

Additional Services

VTCT Awarding Body Certificate (£116) ☐

On successful completion of this qualification, with the awarding body certificate from VTCT you will be eligible for registration onto the Chartered Institute for the Management of Sport and Physical Activity (CIMSPA) at Level 3 with the additional awarding body certificate. Completion of this qualification will attract 10 CIMSPA endorsed CPD points for CIMSPA members wishing to maintain their professional status through quality assured professional development.

UIP5 Infection Prevention (COVID-19) for Sport & Fitness Sessions Module (£21) ☐

The VTCT (ITEC) Level 2 Award in Infection Prevention (COVID-19) for Sport and Fitness Sessions is a knowledge-based qualification aimed at gym instructors, fitness professionals and personal trainers who need to understand the COVID-19 infection prevention methods required in order to maintain high levels of health and safety in the provision of their services to clients. The qualification is also endorsed by the Chartered Institute for the Management of Sport and Physical Activity (CIMSPA). Completion of this qualification will attract 2.5 CIMSPA endorsed CPD points for CIMSPA members wishing to maintain their professional status through quality assured professional development.

If you require further assistance regarding the VTCT awarding body certificate or the UIP5 module, please call 01307 469055.

Please continue to next page...

Current Qualifications Held

COLLEGE / UNIVERSITY QUALIFICATIONS (IF ANY)
PLEASE PROVIDE COPIES OF YOUR CERTIFICATES

Qualification	Date Attained	Level

MAIN RELEVANT LEISURE / FITNESS QUALIFICATIONS (Please List)
PLEASE PROVIDE COPIES OF YOUR CERTIFICATES

Qualification	Date Attained	Level

FAILURE TO PROVIDE COPIES OF CERTIFICATES WILL DELAY THE APPLICATION PROCESS

OTHER RELEVANT QUALIFICATIONS (Please list)

CURRENT MEMBERSHIP OF PROFESSIONAL BODIES (Please list) e.g., CIMSPA

ANY OTHER INFORMATION RELEVANT TO THIS APPLICATION

WHY DO YOU WANT TO BECOME QUALIFIED IN EXERCISE REFERRAL?

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"/> | <div></div> | |

Do you have any additional learning needs or requirements? (Please tick all that apply)

A Learning Difficulty <input type="checkbox"/>	Dyslexia <input type="checkbox"/>	Visual/Hearing Impairment <input type="checkbox"/>	English as a second language <input type="checkbox"/>
A need not listed here <input type="checkbox"/> (please give details):	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Are you a wheelchair user?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Equal opportunities (please tick all that apply)

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.

01. Bangladeshi <input type="checkbox"/>	15. Black or Black British – African <input type="checkbox"/>
02. Black African <input type="checkbox"/>	16. Black or Black British – Caribbean <input type="checkbox"/>
03. Black Caribbean <input type="checkbox"/>	17. Black or Black British – Any Other <input type="checkbox"/>
04. Black Other <input type="checkbox"/>	19. Mixed – White & Asian <input type="checkbox"/>
05. Chinese <input type="checkbox"/>	20. Mixed – White & Black African <input type="checkbox"/>
06. Indian <input type="checkbox"/>	21. Mixed – White & Black Caribbean <input type="checkbox"/>
07. Pakistani <input type="checkbox"/>	22. Any Other Mixed Background <input type="checkbox"/>
08. White <input type="checkbox"/>	23. White – British <input type="checkbox"/>
09. Other Asian <input type="checkbox"/>	24. White – Irish <input type="checkbox"/>
11. Asian or Asian British – Bangladeshi <input type="checkbox"/>	25. White – Any Other <input type="checkbox"/>
12. Asian or Asian British – Indian <input type="checkbox"/>	98. Other <input type="checkbox"/>
13. Asian or Asian British – Pakistani <input type="checkbox"/>	99. Not Stated <input type="checkbox"/>
14. Asian or Asian British – Any Other <input type="checkbox"/>	

	Strongly Agree	Agree	Neither Agree nor 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 the Centre of Excellence 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 (£645) ☐

b) VTCT Awarding Body Certificate (£116) ☐

c) UIP5 Infection Prevention Module (£21) ☐
(Optional for awarding body students)

TOTAL £

Discount/Promotional Code

PLEASE NOTE COURSE FEE MUST BE PAID AT TIME OF BOOKING

☐ PLEASE DEBIT MY VISA / MASTERCARD / MAESTRO WITH THE TOTAL FEES DUE (c)

NAME ON CARD*:

CARD NO.*:

EXPIRY*

SECURITY CODE* (3 digits on back of card): ISSUE NO. (if Maestro) *:

☐ PLEASE INVOICE FOR THE TOTAL FEES DUE (c)

REQUISITION CONTACT NAME*:

REQUISITION CONTACT EMAIL*:

COMPANY NAME & ADDRESS*

PURCHASE ORDER NO*:

Please include an official copy of the original purchase order.

ACCOUNTS PAYABLE
CONTACT NAME*

ACCOUNTS PAYABLE
EMAIL ADDRESS*

ACCOUNTS PAYABLE
TEL. NO.*

FAILURE TO PROVIDE PAYMENT INFORMATION MAY DELAY THE APPLICATION PROCESS
***Mandatory**

Terms & Conditions

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% OF 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)

FULL PAYMENT MUST BE PAID PRIOR TO STARTING THE COURSE UNLESS OTHERWISE DISCUSSED WITH THE OFFICE. UNTIL COURSE PAYMENT IS PAID IN FULL, RESULTS AND/OR CERTIFICATES WILL BE WITHHELD.

DATA PROTECTION: WRIGHT Foundation CIC 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. Our Privacy Policy is available on our website.

NEWSLETTER UPDATES: We would love to have you as part of our Newsletter Team to keep you up to date with our news on webinars and future course dates. We promise not to pass your information onto 3rd parties. Please tick this box to be added to our list: ☐

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

CANDIDATE
NAME

CANDIDATE
SIGNATURE

DATE

PLEASE SAVE AS PDF BEFORE SENDING

RETURN COMPLETED FORM WITH COPIES OF FITNESS CERTIFICATES TO:

e. courseapplications@wrightfoundation.com

WRIGHT Foundation CIC, Office 4, Wester Meathie, Inverarity, By Forfar, Angus, DD8 1XJ