

Chair Based Exercise

Leader Course



The course is being funded by the Aberdeen Partnership Reshaping Care for Older People Change Fund, and Robert Gordon University are giving one candidate from each care home or Community setting the chance to be trained up as a Chair Based Exercise Leader.

The course is designed to provide you with the knowledge and the skills to deliver chair based exercise to individuals who would benefit from increased physical activity but who may find mobilisation and balance challenging.

This is a 3 day course, each session will be held in the following rooms within the Faculty of Health and Social Care building on the RGU campus;

- **Day 1: Monday 14th March 2016, 9.30am – 5.00pm Room H123**
- **Day 2: Monday 21st March 2016, 9.30am – 5.00pm Room H123**
- **Day 3: Monday 11th April 2016, 9.30am – 5.00pm Room H123**

Places are LIMITED so please **complete and return the application form by Friday 4th March 2016** to ensure you capitalise on this great opportunity.

To register please complete and send the application form to;

Gwen Sutherland

**Faculty of Health and Social Care
School of Health Sciences
Robert Gordon University
Garthdee Road
Aberdeen
AB10 7QG**



CPD COURSE REGISTRATION FORM

SESSION: 2015/2016

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| CPD COURSE TITLE HS1111: Chair Based Exercise |
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|---|--|----|--|
| SURNAME | OTHER NAMES (IN FULL) | | |
| DATE OF BIRTH | GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> | | |
| CORRESPONDENCE ADDRESS: | | | |
| POSTCODE: | | | |
| LANDLINE TEL NO. | | | |
| MOBILE TEL NO: | | | |
| E-MAIL: | | | |
| JOB TITLE | EMPLOYER | | |
| DO YOU HAVE ACCESS TO THE INTERNET TO COMPLETE ONLINE ENROLMENT | YES | NO | |
| | | | |

Fee Responsibility (Please tick)

Self Funding (cheque enclosed) - N/A

My employer/sponsor is paying the course fee* - **Employer has already paid.**

**Please complete the Confirmation of Sponsorship Form and return it with this Registration Form*

I confirm and accept that:

- I am liable for the full payment of tuition fees for my course/study day including accepting responsibility for securing any sponsorship.
- The information supplied is to the best of my knowledge accurate, and I will notify the University immediately of any changes to it in the future.
- This registration form constitutes a legally binding contract between the University and myself, is governed by Scots Law and is subject to exclusive jurisdiction of the Scottish courts in any claim or matter arising under this contract.
- My personal data will be processed and stored in accordance with the Data Protection Act 1998,
- I agree to abide by the rules and regulations of the University,

Signature _____

Date _____

Please return fully completed registration form and fees to:

Gwen Sutherland
Faculty of Health and Social Care
School of Health Sciences
Robert Gordon University
Garthdee Road
Aberdeen
AB10 7QG