



Interactive Registration Form

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Date

Please complete one registration form per person.

First Name _____ Surname _____

Log in Username

Address _____

Personal Email _____

City _____

Mobile Number _____

County/State _____

Postcode / Zip _____

Country _____

GROUP BOOKING: (minimum 10 attending)
- Please contact the education help desk on 01494 688285 to apply for an on site training for a group of 10 or more. Restrictions apply.

Course Selections

Spinning® Pre-Learning home study 7026 "Exercise Physiology & Fundamentals. £75.00 plus VAT
*If not already a L2 fitness instructor, this is a pre-requisite to sit on the Spinning® Course in the UK & Ireland.

Courses selected plus location

Start Date

Spinner® Bike - I am interested in receiving a quotation to set up my own studio with a Spinning® package.

Humansport® Circuit - I am interested in receiving a quotation to set up my own PT studio with a Humansport® package.

Peak Pilates® MVe Fitness Chair or MVe Reformer - I am interested in receiving a quotation to set up my own studio with a Pilates Studio package.

Registration Fees & Payment Options

Spinning® Course Fee _____

Peak Pilates® Course Fee _____

Humansport® Course Fee _____

Additional _____

Sub Total** _____

**All fee's will be subject to the appropriate VAT

TOTAL to pay incl. VAT 20%

Pre-purchased studio package Order number:

Company Purchase Order: Fax to 01494 688269 with this booking form

Payment plan on selected courses. Please call for application details.

Credit/Debit Card

Cardholder Name

Select Debit/Credit Card

Card Number

Start Date (MM/YY) Expiration Date (MM/YY)

Issue Number CVV Number

I agree to the cancellation policy

I agree to the course waiver

Now please complete page 2.

Office Use Only:
Oracle AC: _____ Order #: _____ Date: _____

BOOKING TERMS
Cancellation:
50 % refund up to 14 days prior to event date
No refund from 13 days prior to event date selected.
Transferable to another training date within 6 months. £25 fee

SUBMIT FORM - You now have 3 OPTIONS
PRINT your FORM to PDF and e-mail to education@startrac.com
PRINT your FORM and FAX to +44 (0)1494 688 269
PRINT your FORM and POST to the address below
For payment queries, call 01494 688285



Relevant experience & qualifications

Now please complete page 3.

WHAT IS YOUR CURRENT KNOWLEDGE BASE? Prerequisite Information

Do you hold a current First Aid or CPR certification? [] Expiry date: []
Are you a member of the Register of Exercise Professionals (REPS)? [] REPS Memb number []

List your base fitness qualifications and experience towards your course topic?

If you are a qualified exercise teacher please list your exercise qualifications.

- [] Spinning@ Home Study- Exercise Physiology (Spinning@ only) [] L2 Gym Instructor
[] Group Exercise Instructor [] L3 Advanced Instructor or Personal Trainer
[] Sports Conditioning Coach [] Exercise/Sports Science Graduate

Cycling/Pilates Experience []

Where did you hear about the course? []

Fitness centre that you will teach at? [] Contact Number []

Subject Course & Awarding Body Grade/Result Date Awarded Experience:

(a) Students who have a level 2 or level 3 CYQ/OCR/Active IQ Qualification must provide a copy of their Certificate prior to attending the training programme. Please attach a photocopy of your Certificates with the application. Unfortunately your application cannot be processed without confirmation of required pre-learning.

(b) Students who are applying for a certification for the first time (Peak Pilates® Basic Mat Instructor) please state your experience only. It is a requirement of your booking that you have practical experience as a participant in the area of the course you are applying to book.

INDIVIDUAL NEEDS/LEARNING DIFFICULTIES

Please indicate below if you have any disabilities or need additional support to assist with your learning. This information will be shared with your tutors and assessors to help with your learning. The information will be treated in confidence and will not prejudice your application. The information is required to help us to assist you on your learning programme if required. Please tick ✓

- [] Multiple Disabilities [] Behavioural /emotional difficulties
[] Blind or visually impaired [] Mental ill health
[] Deaf or hearing impaired [] Temporary illness e.g. recent accident
[] Disability affecting mobility [] Other physical disability (please state below)
[] Disability requiring a wheelchair [] Moderate/multiple learning difficulties
[] Medical condition e.g. asthma, epilepsy [] Severe learning difficulties
[] Dyslexia (difficulty with words) [] Other learning difficulty (please state below)
[] Dyscalculia (difficulty with (numbers)

Further Information []



Diversity & Medical History



EQUAL OPPORTUNITIES

We require this information to enable us to monitor the diversity of our applicants. **Please tick ✓**

RACIAL GROUP

To which of these ethnic groups do you consider you belong? (Please select the option that is most appropriate to you)

- White
- Black Caribbean
- Chinese
- Black African
- Irish traveller
- Black other
- Indian
- Mixed ethnic group (please state below)
- Pakistani
- Any other ethnic group (please state below)

MEDICAL HISTORY QUESTIONNAIRE

We require this information to enable us to pre-assess the health of our applicants. **Please tick ✓**

- Have you ever, or do you currently, suffer from a heart condition?
- Have you ever suffered from Angina or feel pain in your chest when you do physical activity?
- In the past month have you had chest pain when not doing physical activity?
- Do you lose balance through dizziness or do you ever lose consciousness?
- Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Are you taking any regular medication in connection with a medical condition or disability?
- Have you been told you should only do physical activity recommended by a doctor?
- Are you pregnant or recently had a baby?
- Do you know any reason why you should not do physical activity?
- Any other ethnic group (please state below)

If you answer yes to any of the following you **MUST** provide written consent from your doctor to undertake any course. Please give further details.

Further Information