

# STRETCHBODYMIND TEACHER TRAINING APPLICATION FORM

First Name:	Surname:				
Mr Mrs Miss Ms Ot	Irs Miss Ms Other (Please state)				
Home Address:					
Home telephone no:	Mobile no:				
E-mail address:					
Date of Birth:	Age:				

## **Previous Education**

Name and address of secondary schools/colleges attended	Dates	Course

### **Relevant Qualifications**

Please list those already achieved and those for which you are currently studying

Award	Subject	Year	Result

#### **Relevant Work Experience**

Please give brief details of relevant full/part-time employment and your personal interests including your experience in dance, fitness or other body work and your Pilates/Yoga experience



Please outline your reasons for wanting to attend StretchBodyMind teacher training and your hopes for the future

How did you hear about us?

Do you require extra help e.g. with English, Maths or learning difficulties such as dyslexia, wheelchair access, help for sight or hearing impairment etc? Please give us details and attach evidence so we can discuss your needs with you.

What concerns, if any, do you have about taking the course?

Do you have any injuries, conditions (including current or recent pregnancy) or postural issues that may affect your performance during the course?

Are you satisfied that you can afford the time commitment required of the course?

### Terms and Conditions

This application is subject to the attached Terms & Conditions. By signing this application form you will be deemed to have read, understood and accepted the attached terms and conditions. You are also confirming that the information you have supplied is accurate to the best of your knowledge.

Signature of applicant

Date of Application

Please return your completed application form to <u>training@stretchbodymind.com</u> or the StretchBodyMind office at **1/1, 118 Cathcart Road, Rutherglen, South Lanarkshire, G73 2DX** at least one week before the start date of the course.