

Matwork Teacher Training Course Enrolment Form

Please reserve a place for me on the Matwork Teacher Training Course, start date as specified below. I understand that a reduced total fee of £2,500 is payable as part of the 25th Anniversary Promotion offered by Body Control Pilates and that this amount must be paid and cleared at least six weeks before my course start date, unless agreed otherwise. I will pay a £250 Registration Fee immediately upon confirmation of a place and accept that my place is not secured until this is paid. In the event that I cancel my place after payment of the Registration Fee, I accept that the sum of £150 shall be deducted from the refund of the Fee to cover administration costs. If I commence a course at a later date this deduction will be credited against my tuition fees. I accept the Terms and Conditions stated in the Schedule of Fees.

MR MRS MS

NAME MOBILE

ADDRESS HOME (IF DIFFERENT)

..... EMAIL

..... DATE OF BIRTH

POST CODE START DATE OF COURSE

Do you currently attend classes with a Body Control Pilates teacher? If so, with whom and for how long?

.....
.....
.....

Please give details of any other Pilates experience:

.....
.....

Do you hold a Level 3 qualification as a Personal Trainer or similar? If yes, please give details:

.....

Please turn over to complete the section overleaf

Please give details of other qualifications or relevant experience:

Please list any injuries or health problems (particularly related to neck, back and spine) that you currently have, or have had, which may affect your physical ability to complete the course successfully:

What is your main reason for training to be a Body Control Pilates teacher?

Do you have any other comments?

How did you first hear about the Body Control Pilates training courses?

- | | | |
|--|---|--|
| <input type="checkbox"/> Body Control Pilates website | <input type="checkbox"/> Internet search engine | <input type="checkbox"/> Your (Body Control) Pilates teacher |
| <input type="checkbox"/> From a friend / word of mouth | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Other |

SIGNED IN AGREEMENT DATE

Please return your completed and signed form to:

Body Control Pilates Academy
35 Little Russell Street, London WC1A 2HH

or scan and email to ella.porter@bodycontrol.co.uk
All information will be treated in the strictest of confidence.