

## Matwork Teacher Training Course Enrolment Form

Please reserve a place for me on the course specified below. I understand that total fees are £2,950 and that, should I opt for the discounted Advance Payment fee of £2,500, 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 but before the balance of fees is paid, 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.

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?

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Please give details of any other Pilates experience:

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

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Please turn over to complete the section overleaf

Please give details of other qualifications or relevant experience:

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Please list any injuries or health problems (particularly related to neck, back, and spine) that you have, or have had, that we should be aware of:

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Please let us know if you have any additional learning needs that we need to accommodate?

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

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Do you have any other comments?

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

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|--|---|--|
| <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@bodycontrolpilates.com](mailto:ella.porter@bodycontrolpilates.com)  
All information will be treated in the strictest of confidence.