

Course Details		
Course Name		
Dates		
Venue		
Fitness Professional		
Surname		
First Name		
D.O.B		
Age on the 31/Aug/10		
Nationality		
Address		
House Name/ No.		
Street Name		
Town		
County		
Post Code		
Mobile Number		
Home Number		
Email		
Qualifications		
Current Qualifications— <i>please tick</i>	✓	Date
Full Level 1 – (1-4 GCSE's A-C/NVQ 1/ Vocational Certificate		
Full Level 2 – (5 or more GCSE's A-C/ First Diploma/ NVQ 2)		
Full Level 3 – (2 or more A Levels/ National Diploma/ NVQ3		
L2 CYQ Certificate in Fitness Instructing GYM (inc EFK)		
Other -		
Please state how heard about us? <i>Google, News paper etc</i>		
<i>Signature</i>		<i>Date</i>

*Please make all cheques payable to **Fitness Qualifications** and send with a completed booking form to; **Fitness Qualifications, PO Box 1142, Longstanton, Cambridge, CB24 3WA**. Please note that all payments are non - refundable.*

FQ Office Use only

Date received				Payment received		
Confirmation sent - date				Payment outstanding		
Confirmation REF				Invoice sent		
Under 19 LSC		19+		ACER		Staff Int