

Zest People Health and Fitness Training Application Form

Please complete and return to Zest People at the address below or by email to: info@zestpeople.co.uk

PERSONAL DETAILS

Surname	Male/Female	Telephone - Day
Forename(s)		Telephone - Evening
Address:		Mobile
		Email
		Emergency contact name
Postcode:		Emergency contact telephone
Date of Birth		Occupation

COURSE DETAILS

Course Name	Course Code	Start Date	Venue	Price
Total Price (if already paid by online transaction please specify the transaction code found on your receipt)				

RELEVANT QUALIFICATIONS

Please specify any relevant qualifications that are necessary for your chosen area of study - please refer to the prospectus or website for pre-requisites.

Subject	Awarding Body	Grade/Result	Date Awarded

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INDIVIDUAL NEEDS

Please indicate below if you have any individual needs or require additional support to assist with your learning. This information is treated confidentially and will only be used to assist in your learning.

A learning difficulty		Dyslexia		Visual or hearing impairment		English as a second language	
A need not listed above (please provide details)							
Are you a wheel chair used?			YES/NO				

MEDICAL HISTORY

Please circle the most appropriate response

1. Have you ever, or do you currently suffer from a heart condition?	YES - NO
2. Have you ever suffered from Angina or feel pain in your chest when you do physical activity?	YES - NO
3. In the past month have you had any chest pain when not doing physical activity?	YES - NO
4. Do you lose balance through dizziness or do you ever lose consciousness?	YES - NO
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?	YES - NO
6. Are you taking prescribed medication in connection with a medical condition or disability?	YES - NO
7. Have you been told you should only do physical activity recommended by a doctor?	YES - NO
8. Do you know of any other reason why you should not do physical activity?	YES - NO

If you have answered **YES** to any of the items above you **MUST** provide written consent from your doctor prior to undertaking any course with Zest People.

EQUAL OPPORTUNITIES

To ensure we are meeting the needs of our students please specify how you describe your ethnic origin:

White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background	Mixed <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background	Asian/Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background
Black/Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background	Chinese or Other Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Ethnic background	Other <input type="checkbox"/> NOT DISCLOSED

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TERMS AND CONDITIONS

This is an agreement between Zest People Ltd and You. These terms and conditions apply to your application for a training course, module or workshop and outline your obligations as a student and our obligation to You.

BOOKING

- i. All bookings must be accompanied by a completed application form (even if payment has been received by us in advance) and include a non returnable deposit (see website terms)
- ii. If you have answered “yes” to any of the medical history questions, you must enclose written consent prior to undertaking the course
- iii. Zest People have the right to refuse your application if you do not disclose a pre-existing medical condition
- iv. Booking made on your behalf (by an employer or relative) must be accompanied by an application form and means of payment
- v. Balance payments are due 4 weeks before the course commences

CANCELLATIONS

Period	Liability/Penalty
Within 7 days of booking	£0 (no charge)
After 7 days of booking to 8 weeks prior to assessment	£75
8 Weeks to 4 Weeks prior to assessment	£100
4 weeks prior to assessment	£150

CERTIFICATION

Certificates will not be sent to any student for whom course/assessment fees are outstanding.

COURSE CANCELLATION

Due to circumstances beyond our control we may at our discretion change or cancel dates. We will notify you of these changes by post and/or telephone and you will be entitled to a full refund or free transfer to another course.

DECLARATION

Please read and confirm you accept the following (please tick):

- I have read and understood the terms and conditions and agree to them
- I attend exercise classes on a regular basis for the discipline chosen
- I understand that I need to bring class participants for practical assessment days
- I confirm that I have received the appropriate guidance and advice, as stated in the prospectus/website

Signed: Date:

Signature of parent/guardian (if you are under 18):