

**CONTACT INFORMATION**

Name	Company name (if applicable)	
Address		
City	Zip/post code	Country
Phone (day)	(evening)	
Fax	E-mail address	

<b>STOTT PILATES WORKSHOPS OR OTHER WORKSHOPS</b>			
<b>Description:</b>	<b>Date:</b>	<b>*Fee (inc VAT)</b>	<b>Location: Oxford/London</b>

\* All workshops are £23.00 per hour i.e. a 3-hour workshop will be £69.00

**RELEVANT EDUCATION**

Please list related degrees, diplomas, post secondary or certificate courses and workshops

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Outline education in anatomy (course/workshops taken)

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List related certification (eg. ACE, AFAA, YMCA, Premier etc. please specify)

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**RELEVANT EXPERIENCE**

Outline your teaching experience

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Describe your experience in dance, fitness or other body work

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Outline your experience with the works of Joseph Pilates

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**PERSONAL INFORMATION**

Do you have any injuries, conditions (including current or recent pregnancy) or postural issues that may affect your performance during the course?  
 \_\_\_\_\_  
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How did you hear about STOTT PILATES / Active Training?  
 \_\_\_\_\_  
 \_\_\_\_\_

Why are you interested in becoming a certified instructor?  
 \_\_\_\_\_  
 \_\_\_\_\_

How do you plan to use your certification (how will you be applying your knowledge)?  
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 \_\_\_\_\_

Are you using this course to fulfil continuing education credits?  yes  no

**CANCELLATION POLICY**

Fees paid for workshops are non-refundable and non-transferable. Refunds for cancellation will not be given under any circumstances. We advise students to contact their insurance broker to arrange suitable insurance cover for the financial loss in the event of you canceling your booking.

**WORKSHOP PAYMENT METHOD**

Full payment for workshops is required when applying for a place. Students will not be admitted to workshops if payment has not been received and places will be allocated to people on waiting lists. Cheques payable to **Pilates Solutions Ltd.**

MasterCard  VISA  Switch  Cheque\*  Cash

Card number                 Exp     Issue number (switch only)   Security Code (CV2)

\*Please make cheques payable to **Pilates Solutions Ltd.**

**Name on card:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**TOTAL AMOUNT :** \_\_\_\_\_

**CUSTOMER DECLARATION**

I have read and understood the relevant course/module/workshop objectives, prerequisites and cancellation policy prior to completing this application form. The information I have supplied on this form and any additional sheets is accurate to the best of my knowledge and by signing the confirmation below I agree to abide by the conditions of the course administrators, Active Training, Division of Pilates Solutions Ltd.

Signature..... Date.....

**CONTACT INFORMATION**

**Active Training:**  
 c/o Pilates Solutions Ltd  
 PO Box 433  
 Witney  
 OX28 9FA  
 United Kingdom  
**Telephone:** 0800 434 6110  
**Fax:** 0870 011 6531  
**Email:** info@activetraining.info