



Workshops and Courses

By completing the Course Application Form , you agree to the terms and conditions set out below.

1. Applications to attend workshops and courses run by Intelligent Training Systems must be made on the Course Application Form.
2. By completing and submitting the Course Application Form, you are committing to attend and pay the full fee in respect of the workshop or course detailed in the Course Application Form.
3. Subject to 10 below, your place on the workshop or course shall be reserved on the payment of a deposit or full fee in respect of that workshop or course (please see the price list for these amounts). Please note that full fees must be paid if the course is via distance learning. Such deposit or full fee must be paid on submitting the completed Application Form.
4. The balance of the workshop or course fee (i.e. the total fee less the deposit paid) must be received by Intelligent Training Systems no later than 14 days before the workshop or course start date. A failure to pay the total fee by this time may result in the loss of your place on the workshop or course and the loss of your deposit.
5. If you are unable to attend the workshop or course on the date applied for, you may be able to attend the workshop or course on an alternative date subject to you having submitted a letter of cancellation (see 6 below) and there being an available place on an alternative date.
6. Should you wish to cancel your place on a workshop or course, to avoid the loss of any fees paid (including the deposit), a letter of cancellation, together with a completed Course Application Form for an alternative workshop or course must be sent or delivered to Intelligent Training Systems at 13e, Main Street, Keyworth, Nottingham, NG12 5AA, to be received at this address no later than 28 days before the start date of the original workshop or course. In such circumstances any fee paid (including the deposit) will be transferred to the alternative workshop or course.
7. Where you wish to cancel your place on a workshop or course and do not wish to attend an alternative workshop or course, provided that a letter of cancellation is sent or delivered to the address set out in 6 above, and is received at that address within 28 days of the date of the workshop or course, any fees paid over and above the deposit shall be refunded to you. Please note that the deposit paid is non-refundable.
8. In the event that Intelligent Training Systems finds it necessary to change in any way the course or workshop on which you are enrolled (including date, venue, content or price), you will be informed of this as soon as reasonably practicable. Intelligent Training Systems shall not be liable for any resulting loss in respect of any such change.

9. In the event that Intelligent Training Systems finds it necessary to cancel the course or workshop on which you are enrolled, you will be given as much notice of this as reasonably practicable and will be offered an alternative date for the course or workshop. Intelligent Training Systems shall not be liable for any resulting loss in respect of such cancellation.
10. Intelligent Training Systems reserves the right to refuse any workshop or course application and shall not be required to inform the applicant of the reason for such refusal. In this event any deposit or full fees paid shall be refunded. In addition, Intelligent Training Systems reserves the right to exclude from any workshop or course any individual who fails to comply with Intelligent Training Systems' standard practices and procedures, or any individual with disruptive behaviour. In such event, no refund of workshop or course fees (including the deposit) paid by the excluded individual shall be given.
11. Applications for all workshops and courses that require a pre-requisite qualification must be accompanied by proof that you have such qualification. In the event that no such proof is received by Intelligent Training Systems, a place on the workshop or course shall not be reserved for you until such proof has been received.
12. Please note when completing the following form you will be asked to enter a course code. This code is the start date of the course, without any spaces between the numbers. For example: 28th February 2010 would be course code 280210.

Course Application Form

Please complete this application form in BLOCK CAPITALS with black or blue ink. If you require more space, please provide an extra sheet of paper. If you need help choosing a course and completing this application form, please telephone 07976 933113

1. PERSONAL DETAILS			
Title		National Insurance Number	
Surname		Home Telephone	
First Names		Work Telephone	
Home Address		Mobile Telephone	
		Email Address	
		Male/Female	
Date of Birth		Area of Expertise	
Postcode		Specific job Role	

2. COURSE DETAILS <small>Please enter details for the course you would like to study.</small>			
Course Title	Start Date	Venue	Code
			See above

3. QUALIFICATIONS/TRAINING COURSES					
<small>A) Is English your first language? Yes ٢ No ٣ If no, please indicate any qualifications in English you have below. B) Please enter below any qualifications you have that are relevant to the course you are applying for. Evidence may be required to complete enrolment. C) There may be some mathematical work embedded within some of our courses so please include what level you are at in this subject area.</small>					
Qualifications/Training taken	Organisation	Grades Predicted	Grades Achieved	Dates from	Dates to

4. EQUAL OPPORTUNITIES <small>Intelligent Training Systems is committed to equality of opportunity. This information will be used for monitoring and managing duties and obligations under the Race Relations Act 1976 and the Race Relations (Amendment) Act 2001. Which of the following do you use to describe yourself?</small>				
Asian or Asian British – Bangladeshi	Black or Black British - African	Mixed – White and Asian	White – British	
Asian or Asian British – Indian	Black or Black British – Caribbean	Mixed – White and Black African	White – Irish	
Asian or Asian British – Pakistani	Black or Black British – other Black background	Mixed – White and Black Caribbean	White – other White background	
Asian or Asian British – other Asian background	Chinese	Mixed – other Mixed background	Any other	

5. INDIVIDUAL NEEDS <small>If you have a disability, illness or difficulties in reading and writing English, which of the following would help:</small>				
Enlarged text paper		Someone to write for you		Other (please specify)
Coloured Overlays		Signer/communicator		
Coloured Paper		Dictionaries		
Someone to read for you		Extra time		
If you have a learning difficulty, are you likely to need any additional support during the course? If yes, how do you describe your learning difficulty (e.g. dyslexia, visual impairment)?				Yes / No

Other support required:

6. EMERGENCY CONTACT DETAILS Please give the details of someone who can be contacted in the event of an emergency.

Name			
Telephone		Relationship to you	

7. HOW YOU HEARD ABOUT THIS COURSE

REPS	Exhibition	Former student	Course Leaflet
Leisure Opportunities	Careers Centre	Direct Mail	Ultrafit Mag.
Local Newspaper	Job Centre Plus	Learn Direct	Other (Please specify)
Health and Fitness Mag.	Employer	ITS Website	

8. PAYMENT TYPE Please indicate how you will be paying your course fees. Cheques/Postal Orders payable to Intelligent Training Systems

Cheque Postal Order External Source

External Source (Intelligent Training Systems will invoice the named organisation below for payment. Please attach an official order/letter if available.)

Name of employer/organisation:

Address:

Contact Name:

Telephone No:

9. AMOUNT ENCLOSED

I am paying the full amount now £_____.

I enclose my deposit of £_____ and the balance I will pay four weeks before the course start date.

10. DECLARATION

I confirm that the information I have given in this application is correct and complete to the best of my knowledge.

I confirm that I have read, understood and accept the terms and conditions set out above.

Data Protection:

I consent to Intelligent Training Systems processing the personal data set out in this form and other data which Intelligent Training Systems may obtain from me (or from other people about me) for the purposes stated in this form or connected with my studies or any other legitimate reason.

Applicant's Signature _____

Name (Please print) _____

Date _____

Intelligent Training Systems will not pass your personal data onto any third party.

Intelligent Training Systems may contact you in the future with details of workshops or courses which may be of interest to you. If you do not wish to be contacted in this way please tick the box..

Please return to:
Intelligent Training Systems
at 13e, Main Street, Keyworth, Nottingham, NG12 5AA

LEVEL 4 AND ABOVE ONLY

In attending and completing the course, you are eligible for UKBCA membership and therefore agree to be contacted by UKBCA regarding this.
Also, in attending and subsequently completing the course, you agree to be added onto our website for the '**Find A Biomechanics Coach**' search. Please inform us of the details you would like to be shown on website:-

Name:
Profile:
Business:
Position:
Address:
Region: (how far you would be prepared to cover?)
Email:

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

The ITS courses are not overly active or physically taxing, however we would like you to complete the form below to confirm your readiness.

If you are between the ages of 15 and 69 the questions will tell you if you should check with your doctors before you start. If you are over 69 years of age, and you are not used to being active, check with your doctor. (Your tutor will treat all information with confidentiality).

(Please tick the appropriate box)
YES NO

- | | | |
|--|--------------------------|--------------------------|
| 1). Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2). Do you ever feel pain on your chest when you do physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3). Have you ever had chest pain when you were not doing physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4). Do you ever feel faint or have any spells of dizziness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5). Do you have a joint problem that could be made worse by exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6). Have you ever been told that you have high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7). Are you currently taking any medication of which the instructor should be made aware of? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8). Are you pregnant or have you had a baby in the last 6 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9). Is there any other reason why you should not participate in physical activity? If so, what? | <input type="checkbox"/> | <input type="checkbox"/> |

IF YOU HAVE ANSWERED 'YES' TO ONE OR MORE OF THE QUESTIONS:

Talk to your doctor by phone or in person before you start becoming more physically active and before you participate on the course. Tell your doctor about the questionnaire and which question you answered YES to. You may need to restrict your activities to those which are safer for you. Talk with your doctor about the kinds of activity you wish to participate in and follow his or her advice.

IF YOU HAVE ANSWERED 'NO' TO ALL QUESTIONS:

You can be reasonably sure that you can participate in the course.

PLEASE NOTE: If your health changes so that subsequently you answer YES to any of the above questions, inform ITS immediately.

I HAVE READ, UNDERSTOOD AND COMPLETED THIS QUESTIONNAIRE. ALL QUESTIONS WERE ANSWERED TO MY FULL SATISFACTION.

Name:
Address:

DOB:
Contact number:

In case of emergency contact name/number:

Signature:

Date: