

COURSE ENROLMENT FORM

COURSE TITLE **Ageing with vitality Facilitator Training**

MR MS MRS MISS OTHER

GIVEN NAMES MALE FEMALE

FAMILY NAME DATE OF BIRTH / / 19

POSTAL ADDRESS

SUBURB/TOWN POSTCODE

HOMEPHONE MOBILE

Are you of Australian Aboriginal or Torres Strait Islander origin? YES NO

What language do you mainly speak at home? English Other

Registration status with Fitness Australia

Please tick your current registration status with Fitness Australia Yes my registration number is

Cert III in Fitness Diploma in Fitness

Cert IV in Fitness Other

Please Specify:

Other relevant Education and Qualifications:

Please list:

LEARNING DISABILITIES

Do you consider yourself to have a permanent and significant disability? YES NO

If YES, then TICK applicable boxes.

Visual/Sight Reading Hearing Writing

Chronic Illness Physical Other

DIETARY REQUIREMENTS

Do you have any special dietary requirements? YES NO

Please Specify:

FURTHER ASSISTANCE

Please advise if you require any other assistance, to aid your learning experience.

I certify that the information stated on this enrolment form is true and correct.

I agree not to hold Queensland Keep Fit Association Incorporated responsible for loss, damage to property or for injury or death of any omissions on behalf of the provider in a training program. Further I agree to hold Queensland Keep Fit Association Incorporated harmless against and from any and all such claims, losses and damage including legal fees

PARTICIPANTS SIGNATURE DATE / / 20