



REGIONAL CODE

PHASE IV EXERCISE

APPLICATION FORM

Please complete all five pages

NO APPLICATION WILL BE CONSIDERED UNLESS ALL DETAILS ARE PROVIDED.

PERSONAL DETAILS

TITLE: MR/MRS/MS/OTHER _____

SURNAME: _____

FIRST NAMES: _____

CONTACT ADDRESS

TELEPHONE NUMBERS

WORK _____
HOME _____
MOBILE _____

COUNTY _____

PLEASE INDICATE HOW YOU LEARNED ABOUT THIS COURSE

POSTCODE _____

E-MAIL _____

Please tick this box if you are happy to be contacted by us via e-mail

I DECLARE THAT ALL THE INFORMATION ON THIS APPLICATION FORM IS TRUE

SIGNED _____ *DATE* _____

Please check you can make ALL course dates before making your choice

FIRST CHOICE OF COURSE LOCATION :- _____

SECOND CHOICE OF COURSE LOCATION:- _____

Have you any special requirements for language or learning? _____

Data Protection:

BACR and the Phase IV Exercise Instructor Network may share your contact details with other related individuals or organisations. If you are happy for your details to be released, please tick

SELECTION: (OFFICE USE ONLY)

QUALIFICATION & TRAINING

USE THE SPACE BELOW TO LIST –

- PROFESSIONAL & POST GRADUATE QUALIFICATIONS.

PLEASE SEND A COPY OF YOUR EXERCISE QUALIFICATION WHICH MEETS THE ENTRY REQUIREMENT. (If you have a degree please also send a breakdown of the modules taken)

QUALIFICATION	AWARDING BODY	DATE OF AWARD	FURTHER DETAILS SUBJECT AREAS & HOURS OF STUDY

Previous & Current Work

Please describe your **current** role as a provider of physical activity programmes, including hours per week currently engaged in exercise instruction with start and end dates. **150 hours of land based teaching to adults within the last 2 years and at least six months since qualification is required as one of the entry criteria for this course.**

START DATE	END DATE	HOURS PER WEEK	MODE OF EXERCISE DELIVERY	VENUE/ORGANISATION

Outline previous jobs you have held both within and outside the field of exercise. Please include dates.

DATES	HOURS PER WEEK	MODE OF EXERCISE DELIVERY	VENUE/ORGANISATION

CARDIAC REHABILITATION PROVISION

PLEASE DESCRIBE WHAT CARDIAC REHABILITATION SERVICES ARE ALREADY OFFERED IN YOUR AREA.

Supporting statement for course application

HOW DO YOU ENVISAGE USING YOUR QUALIFICATION? PLEASE INCLUDE REASONS WHY YOU THINK PHASE IV REHABILITATION IS NEEDED IN YOUR AREA AND HOW FUTURE CLIENTS WOULD LEARN ABOUT YOUR PROGRAMME. (*PLEASE CONTINUE YOUR STATEMENT ON AN ADDITIONAL PAGE IF REQUIRED*)



PHASE III ENDORSEMENT OF PHASE IV APPLICATION

I have met _____ and I am happy to endorse his/her
(Name of applicant)
application for the BACR Phase IV training module for exercise instructors
and, **if he/she is accepted on the course** will enable him/her to observe a
number of Phase III exercise sessions and will liaise with him/her in
identifying and obtaining the consent of a patient as a case study which
forms part of the assessment procedure at the end of the course.

Supporting Statement

NB It is the applicants responsibility to inform you when they have been offered a place

Date.....Signature

Name & Professional Title (**please print**).....

Address

.....

.....Postcode.....

Telephone NumberFax

E-mail

*PLEASE RETURN COMPLETED APPLICATION TO:-
BACR PHASE IV, TOWN HALL EXCHANGE, TOWN HALL BUILDINGS, CASTLE STREET
FARNHAM, SURREY GU9 7ND TEL: 01252 720640*