



Please attach your recent passport-type photo here

Teacher Training Programme Application Form

Name: _____

Address: _____ Tel Home: _____

Mobile: _____

Email: _____

Postcode: _____ DOB: _____

Do you currently attend a Moves Fitness Class? (circle one) YES / NO

If Yes, who is your Teacher? _____

What is your present occupation? _____

Please state the date of the workshop you would like to attend _____

On passing certification I commit to start teaching Moves Fitness classes within 6 weeks and to teach for 3 consecutive months for the Workshop to be completely free of charge. If I begin to teach later than that, I agree to pay the Workshop fee of £197.00+ VAT.

Signature Date:

Complete this application form and send it to:

Moves Fitness Ltd, 8 Chaworth Road, Ottershaw, Surrey KT16 0PE

For Office Use Only	
Date form Received: _____	Date DVD sent: _____
DVD: _____	Date Physiology manual sent: _____
Date training completed _____	Date classes commenced: _____