

# APPLICATION FORM

Please select the course you are applying for:

- Advanced Diploma of the Pilates Method (10538NAT)**
- Diploma of Professional Pilates Instruction (10537NAT)**
- Upgrade to Diploma of Professional Pilates Instruction (10537NAT)**
- Certificate in Pilates Matwork Instruction**
- Selected Units of Competency from Diploma of Professional Pilates Instruction (10537NAT)**

DELIVERY START DATE:

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## CONTACT DETAILS

NAME (FIRST, MIDDLE & SURNAME)		DOB	(Please tick)
		/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male
ADDRESS		TELEPHONE	
SUBURB	STATE	POSTCODE	
EMAIL			

## EXPERIENCE

NUMBER OF CLIENT SESSIONS COMPLETED	WHERE?
STUDIO: <input style="width: 150px;" type="text"/> MATWORK: <input style="width: 150px;" type="text"/>	<input style="width: 500px;" type="text"/>
ARE YOU CURRENTLY TEACHING PILATES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	I have taught for <input style="width: 100px;" type="text"/> months/years
NAME OF STUDIO/EMPLOYER?	

WHAT IS YOUR HIGHEST COMPLETED SCHOOL LEVEL AND IN WHICH CALENDAR YEAR DID YOU COMPLETE THAT LEVEL (please tick)

Year 12  
  Year 11  
  Year 10  
  Year 9  
  Year 8  
  Did not attend school

EDUCATIONAL QUALIFICATIONS:

PLEASE INDICATE IF YOU HAVE SUCCESSFULLY COMPLETED ANY OF THE FOLLOWING QUALIFICATIONS (Please tick below)

<input type="checkbox"/> Bachelor degree or higher	<input type="checkbox"/> Certificate IV (or advanced certificate/technician)	<input type="checkbox"/> Certificate 1 Certificate
<input type="checkbox"/> Advanced diploma or associate degree	<input type="checkbox"/> Certificate III (or trade certificate)	<input type="checkbox"/>
<input type="checkbox"/> Diploma (or associate diploma)	<input type="checkbox"/> Certificate II	

PLEASE LIST QUALIFICATIONS AND/OR EXPERIENCE (INCLUDE QUALIFICATIONS NOT RELEVANT TO THE PILATES INDUSTRY)

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I WISH TO APPLY FOR RECOGNITION OF PRIOR LEARNING (RPL) OR DIRECT CREDIT TRANSFER (DC): YES  NO

CURRENT EMPLOYMENT (Please tick below)

<input type="checkbox"/> Full time	<input type="checkbox"/> Self Employed (no staff)	<input type="checkbox"/> Unemployed (seeking full-time work)
<input type="checkbox"/> Part Time	<input type="checkbox"/> Employed (unpaid family Business)	<input type="checkbox"/> Unemployed (seeking part-time work)
<input type="checkbox"/> Employer	<input type="checkbox"/>	<input type="checkbox"/> Unemployed (not seeking employment)

## OTHER INFORMATION

ARE YOU:  Aboriginal  Torres Strait Island  Neither

COUNTRY OF BIRTH:  ARE YOU AN AUSTRALIAN RESIDENT?  YES  NO

IF NO, WHAT TYPE OF VISA DO YOU HOLD?

DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?  YES  NO

IF YES, PLEASE SPECIFY:

HOW WELL DO YOU SPEAK ENGLISH (Please tick):

Very well  Well  Not well  Not at all

DO YOU CONSIDER YOU HAVE ANY DISABILITIES? (Please tick)

None  Hearing/deaf  Physical  Intellectual  Learning  Mental Illness  Vision  Medical Condition  Other

IF YES, PLEASE PROVIDE DETAILS:

REASONS FOR STUDY:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> To get a job                    | <input type="checkbox"/> To try for a different career    | <input type="checkbox"/> I wanted extra skills for my job       |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> To get into another course of study    |
| <input type="checkbox"/> To start my own business        | <input type="checkbox"/> It was a requirement of my job   | <input type="checkbox"/> For personal interest/self development |
|  |   | <input type="checkbox"/> Other reasons                          |

## APPLICATION FEE - PAYMENT DETAILS

I wish to pay my \$60 application fee by:

Electronic Transfer: BSB: 633 000 Account No: 126 166 867 (Please include your full name as a payment reference)

Credit Card (Please tick one)  Visa  MasterCard

CARD NUMBER

EXPIRY

CVV

NAME ON CARD

CARD HOLDERS SIGNATURE

DATE

### Terms and Conditions

1. If insufficient enrolments are obtained, National Pilates Training reserves the right to cancel or postpone courses at short notice. If cancellation occurs by National Pilates Training, fees will be refunded in full.
2. The application fee is not refundable.

## CHECKLIST

Send this completed application form to register your interest for enrolment in training with National Pilates Training. **Please ensure the following are included with your application form.**

Your application should include:

- Completed application form (2 pages)
- Application fee
- Certified copy of HLT11P001 (previously HLTAP301A/HLTAP301B) or Anatomy & Physiology equivalent such as A&P for Pilates & Movement
- Certified copy of logged hours (ie. Letter from your studio)
- Certified copy of Senior First Aid Certificate (optional)
- Brief resume detailing educational experience & work experience, including references from employers and/or industry colleagues in verification of your experience
- Certified copies of Certificates of Membership to Pilates Industry regulatory body (for Advanced Diploma only)
- Certified copy of Diploma Pilates qualification; OR justification of equivalent (for Advanced Diploma only)
- Certified copies of any previous qualifications (please include qualifications not relevant to the Pilates industry)

## ADDRESS DETAILS

Please return your documents via post or email (making sure you have completed the checklist):

**National Pilates Training**

4/370 Little Bourke St,  
Melbourne, Vic, 3000.

**P** 0414 645 455

**E** [katrina@alignedforlife.com.au](mailto:katrina@alignedforlife.com.au)

**W** [www.nationalpilates.com.au](http://www.nationalpilates.com.au)