

Please select the course you are applying for:

Delivery Start

- | | | | | |
|--|--------------------------|-------------|--------------------------|----------|
| Advanced Diploma of the Pilates Method (10538NAT) | <input type="checkbox"/> | Online Only | <input type="checkbox"/> | Standard |
| Diploma of Professional Pilates Instruction (10537NAT) | <input type="checkbox"/> | Online Only | <input type="checkbox"/> | Standard |
| Certificate in Pilates Matwork Instruction | <input type="checkbox"/> | Online Only | <input type="checkbox"/> | Standard |
| Clinical Pilates Training and Education | <input type="checkbox"/> | Online Only | <input type="checkbox"/> | Standard |
| Certificate in Pilates Reformer | <input type="checkbox"/> | Standard | | |
| Upgrade to Diploma of Professional Pilates Instruction (10537NAT) | <input type="checkbox"/> | Online Only | <input type="checkbox"/> | Standard |
| Selected units of competency from Diploma of Professional Pilates Instruction (10537NAT) | <input type="checkbox"/> | Online Only | | |

 / /

CONTACT DETAILS

NAME (FIRST, MIDDLE & SURNAME)

DOB

(Please select

 / /
 Female Male

ADDRESS

TELEPHONE

SUBURB

STATE

POSTCODE

EMAIL

EXPERIENCE

NUMBER OF CLIENT SESSIONS COMPLETED WHERE?

STUDIO:	MATWORK:	<input type="text"/>
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ARE YOU CURRENTLY TEACHING PILATES? YES NO

I have taught for 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)

<input type="checkbox"/>	Calendar Year Completed	<input type="checkbox"/> Year 12	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 10	<input type="checkbox"/> Year 9	<input type="checkbox"/> Year 8	<input type="checkbox"/> Did not attend school
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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 associated diploma) | <input type="checkbox"/> Certificate II | |

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

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 and a screenshot 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.
3. Payments by credit card attract a 1.05% surcharge

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

W www.nationalpilates.com.au