**BACPR EXERCISE INSTRUCTOR TRAINING**

**APPLICATION FORM**

***Please note:***

* ***With the application form you will need to submit copies of your relevant exercise qualification/s certificates***
* ***You will be required to make contact with your local cardiac rehabilitation team to gain their agreement to you conducting a short interview with them about their programme.***

**Which course dates do you wish to apply for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **CONTACT DETAILS** | |
| Title (Mr, Mrs, Ms, Miss, other) |  |
| First name |  |
| Surname |  |
| Full postal address | Postcode or Eircode: |
| Email  (please print clearly) |  |
| Tel home |  |
| Tel mobile |  |
| **QUALIFICATIONS AND EXPERIENCE** | |
| Current place of work |  |
| Work Address |  |
| Work email and phone |  |
| Present position |  |
| If less than 2 years with your current employer please give details of previous employer/s |  |
| Please list your relevant exercise qualifications (including awarding bodies) and email copies of the certificates with your application | Qualification Awarding Body |
| Please state how many hours of teaching land based exercise to adults you deliver each week and the mode of delivery i.e. gym, classes | Hours per week:  Type of exercise sessions: |
| How do you envisage this qualification enhancing your career? |  |
| CARDIAC REHABILITATION PROGRAMME VISITS | |
| Prior to your assessment you will be required to conduct a short interview, either during an in-person visit or by telephone, with a member of a Core/PIII CR programme to obtain information about their service delivery.  Please give contact details for the programme you have contacted. You will need to provide the following: Programme / hospital name, contact name & profession i.e. Cardiac Nurse /Physiotherapist, phone number and **email**  We will email information to them prior to your interview taking place | *You are required to make contact personally with one of the phase III team prior to the course starting to ask if they are willing to conduct a short interview with you*  Name:  Email:  Phone:  Programme name : |
| ADDITIONAL INFORMATION | |
| Where did you hear about BACPR? |  |
| Do you have any learning difficulties i.e. Dyslexia (if so you will be required to forward a written statement)? |  |
| Do you have a disability (hearing impairment, visual impairment, disability affecting mobility)? |  |
| Have you any language requirements? |  |
| INVOICE DETAILS | |
| Contact Name/Organisation |  |
| Address |  |
| Email |  |
| Phone number |  |
| By providing my information on this form I acknowledge my data will be processed and stored. I understand that BACPR will only use my personal data to process my application and provide the training I have requested and that my data will be stored securely on the BACPR database and only be accessed by BACPR employees and BACPR tutors. I will be contacted every 3 years regarding revalidation of my qualification. I understand that I can withdraw my consent at any time | |
| **Please return application form by email to** [education@bacpr.com](mailto:education@bacpr.com)  BACPR EDUCATION  SUITE 8, THE GRANARY, 1 WAVERLEY LANE  FARNHAM SURREY GU9 8BB  Phone 07376 005065 | |
| *For office use only*  *Quals:*  *Exp:*  *PIII:*  *Certs:* | |