



K2NY Academy Training Course Application Form.

K2NY Academy, Unit 4, Faber-Castell Ind Est, Fermoy.

Admissions Office: 025-50111

Course Co-ordinator Lorna Barry: 087-2302722, lorna@k2nyacademy.ie

Web: www.k2nyacademy.ie

Please complete the application form in BLOCK CAPITALS.

PERSONAL DETAILS

Surname		Home Number	
First Name		Work Number	
Address		Mobile Number	
Gender		Email	
DOB		Emergency Contact Name	
Current Occupation		Emergency Contact Number	

Please specify the course you wish to apply for:

How did you hear of K2NY Academy?

Relevant Qualifications

Please specify any training you have completed in the fitness industry or relevant work experience.

Date	Company/Organisation	Course Completed/ Duties

INDIVIDUAL NEEDS

This information will be kept strictly confidential and will only be used to help you on your course.

Do you have any of the following?

- Learning Difficulty
- Dyslexia
- Visual or Hearing Impairment
- English as a second language
- Other

Please give details:

MEDICAL HISTORY

Do you have any medical history or injuries that will affect you part-taking in the theoretical or practical element of this course?

- Yes Please give details_____
- No

Are you taking prescribed drugs?

- Yes Please give details_____
- No

Are you currently pregnant or have you been pregnant in the last 6 months?

- Yes
- No

If you have answered YES to any of the following then it is advised that you seek clearance from your medical practitioner before the K2NY Academy training course.

ADDITIONAL INFORMATION

If you have any additional information that you feel may benefit your application, please use the space provided below.

Signature _____

Date _____