



APPLICATION FORM

Method Putkisto Institute

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www.methodputkisto.com

Name:			
Address:			
Post Code:			
E-mail:			
Profession:		Date of birth:	
Telephone:		Mobile:	
Work experience (please enclose your CV):			
Please give details of any training in dance, movement, sports, music etc.:			
Do you have any learning difficulties or need any additional support during the course of your studies? If so, what assistance do you need?			
Why would you like to become a Method Putkisto / Pilates Instructor?			
Who would you target as your client base for Method Putkisto / Pilates?			

How do you see the business side of Method Putkisto / Pilates developing?

How did you hear about Method Putkisto?

Which course(s) are you interested in?

MP Body Programme – Combined Course (NVQ) _____

MP Body Programme – Method Putkisto Only Course _____

MP Body Programme – Pilates Only Course (NVQ) _____

How would you prefer to receive information?

Post _____ E-mail _____ Phone call _____

Check list

Included CV _____

Workshop Date: 04.07.09 _____ or 26.09.09 _____

Cheque for £65 payable to The Method Putkisto Institute _____

Date

Signature

