

*Later Life Training*  
**APPLICATION FORM FOR CPD DAYS (2010 onwards)**

SPECIALIST TRAINING FOR POSTURAL STABILITY INSTRUCTORS

**Personal Details** (Please complete this application form in full using BLOCK CAPITALS)

<b>Forenames</b> _____ <b>Surname</b> _____ <b>Home Address</b> _____ _____ _____ <b>Postcode</b> _____ <b>Home Tel No</b> _____ <b>Home e-mail</b> _____	<b>Work Address</b> _____ _____ _____ <b>Postcode</b> _____ <b>Work Tel No</b> _____ <b>Work e-mail</b> _____
<b>Address for information to be sent:</b> Work _____ Home _____ <b>Original Falls Course Name:</b> _____ (eg. Portsmouth, Glasgow, UCL2...) <b>Date of Qualification Certificate:</b> _____  If you are interested in a CPD day which has already got a date set (Course Dates on LLT Website) please give date here: _____	<b>Please tick which CPD day(s) you wish to attend:</b> 1. PSI Update                      4. Osteoporosis 2. Tai Chi                            5. Motivation 3. Physiotherapy <b>Preferred Venue:</b> Scotland                      London                      North West Other, please specify _____  <i>(We cannot guarantee we will run a course close to your address)</i>
<b>Cost: £70 plus VAT (= £82.25).</b> <b>Fees Payable – Please indicate the payment category that applies to you:-</b> <b>I am paying for myself</b> (please make cheques payable to <b>Later Life Training Ltd</b> ) <b>Please invoice the following for my fees.</b> <b>A Purchase Order is required prior to payment being sent.</b> P O number _____ <b>Invoice Name</b> _____ <b>Invoice Address</b> _____ _____ _____ <b>Contact Phone Number of Funder</b> _____	

*I confirm that, to my knowledge, I have no medical condition or physical disability that precludes my taking part in the practical aspects of this physical training course for frailer older people.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

**RETURN TO:**                      The Administrator                      Tel/Fax 01838 300 310  
   Later Life Training Ltd                      e-mail [info@laterlifetraining.co.uk](mailto:info@laterlifetraining.co.uk)  
   Mountgreenan  
   By Crianlarich, Perthshire, FK20 8RU

<b>FOR OFFICE USE ONLY:</b>	Acknowledgement date: _____ Invoice sent date: _____
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