

# COMPLETE INSTRUCTOR ACADEMY REGISTRATION FORM



Please read all of the [Terms & Conditions of Booking](#); complete this booking form and return to: South Cerney Outdoor, Lake 12, Spine Road East, South Cerney, GLOS, GL7 5TL  
Or email to: [southcerneyoutdoor@prospects.co.uk](mailto:southcerneyoutdoor@prospects.co.uk) Telephone: 01285 860388

First Name: ..... Surname: .....

Address: .....

Town: ..... Postcode: .....

Telephone Day: ..... Telephone Eve: .....

Email: ..... Date of Birth: ..... Male  Female

Emergency Contact Name: ..... Contact No.: .....

Full Residential 12 Week Programme [£5,995]  Non-Residential 12 Week Programme [£4,995]

Monthly Instalment Plan  Career Development Loan  Instructor Kit Package [£895]

## Health

Please indicate below any medical condition or circumstance the instructor needs to be aware of, e.g. physical disability, epilepsy, asthma, special needs, heart condition, skin disorders etc.

.....  
By signing this form I confirm that I am over 18 years of age and am able to commit to the time and financial investment in the Complete Instructor Academy programme, and know of no reason why I will be unable to physically participate and complete the training required in the course..

Signature: ..... Print Name: ..... Date: .....

**Data Protection Act 1998:** The information on this form is for the purpose of making a booking. It is held on a confidential record and may be given to SCO instructors or a medical practitioner if appropriate. The information may be used for the purpose of providing statistical data used to assist with monitoring the provision and/or determining areas of need in order to target future resources. If you have a query or concern regarding this, please contact the Duty Manager.

Your contact information will never be shared with any third parties and we will only contact you if we feel we have an offer that might benefit you. If you would prefer your email not to be used to keep you informed of any special offers or events that we feel may be of interest to you, tick this box

## Deposit Payment Authorisation

Name on card: .....

Card Number:

Valid From Date:     Expiry Date:     CCV No:    Issue No:

Registered House No:     Registered Postcode:

I authorise Prospects Services trading as South Cerney Outdoor to debit my debit/credit card to the total sum of £..... as deposit payment for the Complete Instructor Academy training.

Signed: ..... Date: .....