

# APPLICATION FORM

## LSSA CERTIFICATION PROGRAM

This Application is for Module No. \_\_\_\_\_

Date of Module \_\_\_\_\_

In addition to this module I plan to attend: \_\_\_\_\_

Module(s) \_\_\_\_\_

The entire course? \_\_\_\_\_ Yes \_\_\_\_\_ No

### PART ONE: Please provide the following information

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Title \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_ City/town \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_ Mobile \_\_\_\_\_

Email address \_\_\_\_\_

Date of birth \_\_\_\_\_ Native language \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address of employment \_\_\_\_\_

### EMPLOYMENT HISTORY – Please give a short synopsis

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### MEDICAL HISTORY – Have you any medical problems or injuries that will affect your participation in this program?

Please describe: \_\_\_\_\_

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**PART TWO:** Please complete the following section in detail or attach a recent curriculum vitae.

**EDUCATION HISTORY**

Secondary or HSSC (*yr/location*) \_\_\_\_\_

Tertiary – please list all certifications, diplomas and degree courses completed.

Provide year of completion, institution, and brief description of course content.

*(Attach additional sheets if needed.)*

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**MOVEMENT EXPERIENCE**

Please list movement training (professional, sport, amateur, recreational, etc).

Provide length of training, institution/ location, and brief description.

*(Attach additional sheets if needed.)*

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**BODYWORK EXPERIENCE**

Please list any hands-on training you may have. Provide information on coursework and subsequent use.

*(Attach additional sheets if needed.)*

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**PART THREE:** Please provide a written response to the following items.

*(Use the space given or attach additional sheets if needed.)*

**WHAT ARE YOUR REASONS FOR WANTING TO DO THIS MODULE/COURSE?**

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**WHAT IS / ARE YOUR INTENDED APPLICATION(S) OF THIS KNOWLEDGE?**

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**CAN YOU FORESEE ANY REASONS (PERSONAL OR PROFESSIONAL) THAT MAY HINDER YOUR COMPLETION OF THIS MODULE/ COURSE?**

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**DO YOU HAVE ANY SPECIAL NEEDS OR QUERIES REGARDING THIS MODULE / COURSE?**

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**PART FIVE: Please provide a written response to the following items.****PRE-REQUISITES**

*Please complete the following:*

Module \_\_\_\_\_ for which I am applying has the following pre-requisite(s):

I have completed these pre-requisites and attach a *copy* of either:

a. Certificate of completion – date of completion

*or*

b. Letter of completion from the lecturer/presenter

**PROFESSIONAL RECOMMENDATIONS**

Below please give the names and addresses (mail and email) of the two professional referees to whom you have given a reference form.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**HOW / WHERE DID YOU HEAR ABOUT THIS TRAINING?**

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