

Advanced Teacher Training Program Application Form

Part I. Personal Information

Full Name: _____ DOB: _____

Occupation: _____

Address: _____

Email: _____ Phone: _____

Part II. Your Pilates Experience

1. Where have you studied Pilates, with whom and for how long?

| Studio Name(s) & Location(s) | Instructor(s) | Dates |
|------------------------------|---------------|-------|
| | | |

2. Have you already completed a Teacher Training course? (Y) / (N)

a. If so, which course? _____

b. When? _____

3. How often do you take class or do your own personal workouts?

Twice a week or more

Less than once a week

Once a week

4. With which pieces of equipment do you have experience?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Reformer | <input type="checkbox"/> Chairs |
| <input type="checkbox"/> Mat | <input type="checkbox"/> Barrels |
| <input type="checkbox"/> Cadillac/Pole/Tower | <input type="checkbox"/> Other: _____ |

5. What are the main ideas/goals currently emphasised in your sessions?

6. Please describe any additional movement/athletic history:

Part III. Injury History and Pregnancies

1. Please describe any relevant health history, including any major injuries/illnesses, etc.:

2. Are you currently injury free? (Y) / (N)

3. Are you at least six months post-partum (if applicable)? (Y) / (N) / (n/a)

Part IV. Statement of Interest

1. Why would you like to become a Pilates instructor?



A large, light green, stylized graphic of a Pilates figure in a side plank position, overlaid on the form area.

2. Do you have any commitments/schedule restraints that may affect your ability to participate on the course?



A large, light green, stylized graphic of a Pilates figure in a side plank position, overlaid on the form area.

Thank you!

Please submit your application with a non-refundable fee of £70 to:

**Lucinda Pepper
Pepilates
17C Welmar Mews
London, SW4 7DD**

Any questions? Feel free to contact us on 02074983359 or email lucinda@pepilates.co.uk