



## Adore your Pelvic Floor

### WORKSHOP APPLICATION FORM

I explicitly consent to you storing my personal records, in accordance with the General Data Protection Regulation (GDPR).

I understand that returning these records will be processed in accordance with the Adore Your Pelvic Floor Privacy Notice.

NAME	..
ADDRESS	
MOBILE NUMBER	-
E-MAIL	-
QUALIFICATIONS (relevant fitness qualifications ie Level 2 gym/ETM/ PT	..
EXPERIENCE	
MEDICAL CONDITION/ HEALTH ISSUES	
EMERGENCY CONTACT	-
LEARNING NEEDS (Please specify if you feel that you need additional support with reading, writing, communication and learning)	
NOTES	



(Head office to complete)	
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