



APPLICATION FORM TEACHER CERTIFICATION PROGRAM

227 Nicanor Garcia St., Bel Air Village 2 Makati City, Philippines 1209

PHONE/FAX #: (63) 2 8901286

Website: www.ibapilates.com

Email: inquiry@ibapilates.com

PERSONAL DETAILS

NAME : _____

BIRTHDATE : _____

ADDRESS : _____

PHONE : (W) _____

(H) _____

(M) _____

EMAIL : _____

OCCUPATION : _____

PRIOR PILATES EXPERIENCES

Name of instructor(s) who taught you Pilates?

Name of Studio where you have studied Pilates?

Studio Address : _____

Date Started : _____ Date Completed : _____

Instructor's Signature: _____

PRIOR PILATES EXPERIENCE

How often do you workout?

What is your understanding of the main concepts of the Pilates Method?

How many Pilates sessions have you done in the past 6 months?

MEDICAL HISTORY

Have you ever suffered physical injuries in the past? *If yes, give details.*

Are you recovering from any physical injuries? *If yes, give details.*

Have you ever undergone surgery? *If yes, give details.*

Have you ever suffered from serious illness? *If yes, give details.*

MEDICAL HISTORY

Do you currently take any medications? *If yes, give details.*

Is there any history of heart trouble in your family? *If yes, give details.*

Please list any major hospitalization with dates and treatments.

OTHER RELEVANT DETAILS

Please describe why you want to become a certified Pilates instructor.

Please describe what you plan to do when you achieve certification.

Explain what teaching experience you have.

OTHER RELEVANT DETAILS

List past/present occupations, including outstanding achievements in your career.

Outline how you intend to complete the requirements including how many hours per week you will be able to commit to the program