

Group Fitness Certification ONLINE APPLICATION FORM

INSTRUCTOR DETAILS

First Name: _____	Last Name: _____
Home Address: _____	
City: _____	Email: _____
Day Time Phone: _____	Mobile: _____
Primary Club: _____	GFM Name: _____
	GFM approval (sign): _____

PROGRAMME: BA BB BC BJ BP BS BV BTM CX GRIT RPM SPRINT Sh'Bam *(please circle)*

- ☐ **NEW CERTIFICATION**
- ☐ **RE CERTIFICATION** *(bi-annually)*
- ☐ **RE APPLICATION** for **CERTIFICATION** after withheld result
- ☐ **Have you completed AIM1 Module training?**
- ☐ **Have you completed AIM2 Module training?**

NB: Please only use one complete release for certification or re-certification and no older than the last 4 releases. Please send in divx, .avi or wmv format only on USB or via dropbox.

PLEASE NOTE: Your DVD, USB and forms will not be sent back to you so please keep a second copy of your DVD. We will email you an electronic copy of your certificate and feedback so please make sure your email details are specified above to receive your results. Effective 22/04/2015

TRACKS TAUGHT: <i>(song title)</i>	RELEASE #
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

ATTACH TO THIS APPLICATION FORM – If not attached this will not be processed

Photo Copy of Module Completion Letter	<i>tick</i>	
Photo Copy of Current CPR Certificate	<i>tick</i>	
Photo Copy of Self Assessment Form (found in manual or GF website)	<i>tick</i>	

METHOD OF PAYMENT

Cheque payable to Les Mills New Zealand enclosed - \$66.50 <i>tick</i>		
Please charge my Credit Card - \$66.50 <i>tick</i>		
Card Holders Name: _____		
Visa or MasterCard #: _____	Exp: _____ / _____	
POST TO: Les Mills New Zealand GF Certification Department PO Box 90060 Auckland Mail Centre		