

Exercise Referral Programme



Accreditation of Prior Achievement (APA)

Name:	
Address:	
Tel:	Email:
Place of Work:	
Job Title:	Date Employment Commenced:
Brief Description of Duties:	

To be completed by your line Manager

Name: _____ Job Title: _____

Place of Employment: _____

Contact Tel Numbers: _____

e-mail _____

I verify that the above details are correct.

Signed _____ Date: _____

Details of Relevant Qualifications:

Attach copies of all Certificates.

Qualifications:

Date Achieved:

Details of REPS Membership: Full/Provisional (Delete as appropriate)

Attach copies of REPS Certificates & Membership Card.

Category

Level

Joining Date

Payment

Either attach a cheque for £65 made out to Fitness Wales or complete the following

Card Holders Name as it appears on the card																	
Complete to pay by Credit /Debit - Card no:																	
Card Type (please select):		MasterCard / Solo / Switch (UK Maestro) / Visa / Visa Debit – Delta / Visa Electron															
Please deduct £65 from my account signature:-																	
Start Date		Expiry Date		You must phone your Issue No. / Security Code through within 7 days to secure your booking.													
For Admin Only:- Processed by										Date on Protex							

Return to Fitness Wales, 1B Clarke Street, Ely Bridge, Cardiff. CF5 5AL**For Office Use Only:** APA Granted

APA Not Granted

Action Plan: _____

Signed: _____ Date: _____