**APPLICATION FORM FOR ARTHRITIS AND FALL PREVENTION**

**INSTRUCTORS CERTIFICATE**

## I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that I am a:

* Tai Chi teacher
* Advanced Tai Chi Student of \_\_\_\_\_ year/s.
* Physiotherapist or Physical Therapist
* Occupational Therapist
* Health Practitioner, my field of expertise is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Accredited/Certified Exercise Instructor
* Nurse
* Certified Allied Health Assistants
* Other (of comparable qualification). My field of expertise is:

I have enclosed copy of my qualification questionnaire

Below is a brief outline of my experience in my field. (Please include experience working with older people, people with arthritis and experience in exercise instruction):

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I declare to the best of my knowledge the above statement is true.

I agree that I must have a current CPR certification, a current accredited first aid course, or similar qualification eg RN or MBBS before teaching this program.

I wish to apply for an Arthritis and Fall Prevention Instructors Certificate, but I am prepared to accept an Attendance Certificate if Dr Lam or his authorised Master Trainer considers that by the end of this training course I am not yet ready. I also understand that the certificate will need to be updated once every two years.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_