



PSA-Academy®

(PSA-Academy member of of the PSA International Group™)

Booking & Application Form

Please complete in block capitals and send back to PSA Academy by email.
Hove House, 1 Hove Villas, Hove, Brighton&Hove BN3 3DH United Kingdom.

Tel.: +44 (0) 798 551 0784 E-mail: info@psa-academy.org Web: psa-academy.org

Student ID (Office Use Only)				
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Surname/Family Name		Forename(s) in Full		
Previous Surname/Family Name	D.O.B	Gender	Marital Status	Occupation

Permanent Home Address		Correspondence Address (if Different)	
_____		_____	
_____		_____	
_____		_____	
Postcode:		Postcode:	
_____		_____	
Tel. :	Mob:	Tel. :	Mob:
_____	_____	_____	_____
Email :		Email :	
_____		_____	

How did you find out about us? Friend / internet (please tell us how you found us) / Mailing leaflet.

Title of Course		Location:
Date of Course	First Choice:	Second Choice:

Full Payment should be sent with this form. All cheques / postal orders to be made payable to president Mr. Norbert Csikany - PSA International Group Ltd. Please do not send cash via postal service. Payment Can be made with Debit/Credit cards, please call for details.				
Please mark the suitable currency!	£	€	\$	Ft
I enclose the total amount off £		paid by telephone the amount £		

Office Use Only	
Date Application Received	Date Applicant Attended Course
Full Payment Received Yes No	Applicants Results
Joining Instructions Sent Yes No	Certificate Number
Additional Comments	Additional comments
Received By	

Pre Course Assessment Unarmed Combat Training

Please note that due to the nature of the course you will be undertaking strenuous physical exercise, It is not necessary to have had prior training in Unarmed Combat / Physical Interventions in order to attend this course, but it is important that you are reasonably fit and do not carry any injury or other physical/health related condition that may put you or others at risk. As a condition of booking, you must declare any medical conditions or previous injuries that may affect your participation on the programme. If you are in any doubt please seek medical opinion prior to attendance.

Please complete the details below in full. If you are in any doubt on your suitability to undertake this course please contact us for advice.

Are you suffering from any injury at present?

Please give details if yes

Yes No

Do you have any medical conditions such as

Yes No

Asthma, Arthritis, Back or neck injury, Joint or bone problems (including pinned joints or bones), Heart conditions, high/low blood pressure, Diabetes, Epilepsy or Any other condition not mentioned.

Are you currently taking any medication?

Yes No

If yes give details

Others - Please outline any other major illness, musculoskeletal injuries (such as fractures, muscle strains or joint sprains) or disabilities, which may affect participation: Include the date and time of injury and whether it needed medical supervision



Declaration

I confirm that the information given is accurate and that by signing I agree to the terms and conditions of PSA International Group Ltd./PSA-Academy. In the event that we retain your data, it will be held and processed in accordance with the Data Protection Act.

Signature of Applicant

Date