

APPLICATION FORM

ABSOLUTE CYCLE ACADEMY SCHOLARSHIP INSTRUCTOR TRAINING

APPLICANT INFORMATION

Name (Mr./Mrs./Ms.):	Surname:
Gender:	Date of Birth:
Address (Home):	
Phone (Mobile):	Email:
Contact person in case of emergency:	Phone (Mobile):
Social Media Details Facebook:	Instagram:
Line ID:	SnapChat:

APPLICANT

1. Current job/position, if any.

2. Any teaching experience? How many years?

If Yes, please specify what do you teach?

3. Are you fluent in English? Yes/No?

4. How many cycling classes have you attended?

5. Are you willing to relocate at some point?

6. Have you had any mental health or addiction issues? You can choose to list here or contact a member of the Absolute Cycle Faculty if you'd prefer to discuss in person. We take your health very seriously and we will work with you if you have any issues.

7. Do you have any injuries? What is your surgical history? Do you have any medical conditions we should know about? (Please provide as much detail as possible)

OTHER INFORMATION

1. Are you available for the training dates in Bangkok, Thailand?

2. Why do you want to become an instructor?

3. What inspires you most about instructing?

4. Do you want to be a Full Time or Part Time instructor?

5. Does your lifestyle allow you to teach 10 classes on average per week?

6. Are you willing to do anything to make it?

TRAINING COURSE GENERAL AGREEMENTS

I understand that The Absolute Cycle Scholarship Instructor Training course will be both physically and mentally challenging, with up to two, 45-minute Cycling Classes daily along with 5-6 hours of required class and workshop time.

I take full responsibility for my own health and well-being during the course and will not hold Absolute Cycle or any of the teaching staff responsible for injuries and/or other medical problems that might occur.

I commit to turning up to every training session on time and in a fit and healthy state of mind.

I understand that a positive, team-oriented, optimistic attitude is a requirement for all attendees. Disruptive, rude, or negative behavior will not be tolerated and may result in removal from the training.

I hereby acknowledge and agree to fully comply with this Application Form.

Signature of the Applicant _____ Date _____