



NATIONAL DIPLOMA IN EXERCISE SCIENCE

OFFICIAL COURSE REGISTRATION FORM

PART – TIME PROGRAMMES – 2010

- **This form must be handed in to your Regional HFPA Office together with a copy of your deposit slip.**
- **Students registering in Dubai or UAE must fax forms to: HFPA - Dubai**
E-Mail: info@coredirection.com Post to: P.O. Box 214593, Dubai, UAE Tel: +971 50 250 8815

BANKING DETAILS:
CORE DIRECTION SPORT SERVICES
National Bank of Abu Dhabi
Dubai Mall Branch. Acc No: 6201029949
Branch Code: NBADAEAMOEO

NB : All 3 pages of this form must be completed: Please print clearly and ensure that all information is complete and correct.

PERSONAL DETAILS

Title: _____ Surname: _____

First Names: _____

Nationality _____ Home Language _____

Passport Number: _____ Date of Birth: _____

Residential Address: _____

_____ Code: _____

Postal Address: _____

_____ Code: _____

Tel No: (W) _____ (H) _____

Cell Phone: _____

Email address: _____

Fax No: _____

Employer: _____ Occupation: _____

Address: _____

Tel: _____

Name of Relative or Friend not living with you: _____

_____ Tel: _____

PART-TIME PROGRAMMES 2009

Student Name: _____

PLEASE REGISTER ME FOR THE FOLLOWING COURSE COMMENCING _____

Campus: _____

Month & Year

Please tick the relevant boxes

Course Title	Fee in Full In Advance
<p><u>PERSONAL TRAINER / SPORTS CONDITIONING</u></p> <p><input type="radio"/> National Diploma in Exercise Science Part 1</p>	<p><u>AED 5500</u></p>
<p><u>EXERCISE SPECIALIST /SPORTS CONDITIONONG 2</u></p> <p><input type="radio"/> National Diploma in Exercise Science Part 2</p>	<p><u>AED5500</u></p>
<p><input type="radio"/> Combined Course</p> <p>Parts 1 & 2 (as above)</p> <p>Save AED2000</p>	<p>AED9000</p>

N.B. Complete 'Details of Payment' form on next page

NOTE: COURSE PACK: For your convenience we have put together a pack containing study materials and other items which you will need on the course. This pack must be purchased before you commence the course.

The Pack includes the following:

- HFPA Manuals (Theory, Practical & Student manuals + Assignments)
- Required Text Book
- Testing Equipment
- HFPA T-Shirt
- Student Card (Please provide 2 x passport size photos)
- HFPA Water Bottle
- HFPA Carry bag
- Electives Course Material

Course Pack Fee: _____ **AED1500.00** (payable before commencement of each part of the course)

For Short Courses and Continuing Education Programmes, please see relevant Prospectus and Registration Forms

DETAILS OF PAYMENT

This section must be completed by ALL applicants: If paying a Holding Deposit to book a place on a forthcoming course the following section must be completed giving dates when payment will be made.

I enclose herewith the full fee of: AED _____ + AED1500.00 (Course Pack) = AED _____
I enclose herewith my deposit of: AED _____ + AED1500.00 (Course Pack) = AED _____ and
undertake to pay _____ consecutive monthly instalments of AED _____ commencing _____ (date)
(N.B. Terms payments: Contact your Regional Manager or Accounts Dept. at HFPA Dubai office for our Terms
Schedule. 10% interest is added when paying on terms)

Cheque Cash Credit Card EFT *please supply proof of payment *credit card form follows

OR I have applied for a loan from (Institution): _____ **AND**

I enclose herewith my non-refundable Holding Deposit of AED1000.00

If my loan application is unsuccessful I will provide HFPA with written notification from the Financial Institution and apply for a payment plan through HFPA.

I understand that: (delete whichever does not apply)

- Should my loan application be successful the balance of the full fee is payable before commencement of the Course
- Should my proposal for a payment plan through HFPA be successful I will be bound by this agreement and all monthly payments must be made on or before the 7th of each month, commencing on the 7th day of the month in which my payment plan is accepted by HFPA. Late payment will incur an administration fee of AED150.00 per month. If any instalment remains unpaid for a period of 21 days or more, the whole balance will be deemed to have become due and payable, furthermore I will not be permitted to continue with the course until all outstanding fees are paid. If I renege on any part of this agreement HFPA has the right to cancel this contract and retain whatever amounts I have paid up to that date, as damages. If debt collectors and/or attorneys are instructed to recover any amounts due I will pay all costs and collection charges.

Signed: _____ Date: _____

CONDITIONS OF ACCEPTANCE

CANCELLATIONS:

- There is a 10 day 'cooling off' period from the date of registering for the course during which time students may inform HFPA in writing that they wish to cancel their registration. If you cancel this contract during the cooling off period any tuition fees paid for this course will be refunded. Your holding deposit and course pack fee will not be refunded.
- **After the cooling off period no cancellations will be accepted and no refunds will be given.**
 - Study notes are subject to normal copyright restrictions and there will be no refund for material returned.
 - **Please Note: No exceptions will be made to this cancellation policy.**

If you wish to make any changes to this contract:

- You must make a written request detailing the changes and giving reasons for your request
- You must submit this request to the Administration Department, HFPA
- You may be required to pay an administration fee of up to AED100.00

EXAMINATION FEES:

The examination fee is AED250 per exam and this applies to all examinations entered (both theory and practical). The examination fee must be paid when you register for the examination. Examination fees are not refundable. Students are advised in advance of examination dates. Registration deadline is 6 weeks prior to the examination date. Late registrations incur a penalty of AED100

TO BE READ AND SIGNED BY ALL APPLICANTS:

I have read and understand all the conditions of acceptance as set out above. I understand the contract I have entered into with HFPA and acknowledge that the terms are binding.

Signed: _____ Date: _____

WHERE THE APPLICANT IS A MINOR, a parent or guardian must also complete the following.

I, _____ Passport No. _____ parent/guardian of:

guarantee payment of the full fee of R _____ in accordance with the conditions set out above.

Address: _____ (Code) _____ Tel: (____) _____ Cell: _____

Signed: _____ - Date: _____