

Gav Godkin Fully Accredited Coach

ALL ABOUT YOU	J							
Name			Date of Birth					
Mobile Number			Email					
Number of years runr	ning		Numbe	r of times you ru	ın per week			
Average kms per week				low many times would you like to train er week				
OTHER ACTIVITI	IES YOU D	0						
Cycle	Swim	Cross Train / Gyr	ym Do you have access to a treadmill?		to a treadmill?	yes	no	
Current injuries								
Past injuries								
CURRENT PB's								
5km	10km	14km	21km	Marathon				
WHAT FITNESS APPS ARE YOU CONNECTED TO								
Strava	Garmin Conne							
FITNESS EQUIPM	MENT YOU	J HAVE ACCESS	то					
Garmin	Suunto	Polar		Fitbit	Other			
RUNNING GOAL	LS							
Short Term (next 3 months)								
Longer Term (6 - 12 months)								
OTHER COMMENTS								