PERSONAL TRAINING / FITNESS GROUP APPLICATION

Please read the Personal Trainers & Fitness Group Policy before completing this form



1. APPLICANT'S DETAILS									
Organisation									
ABN									
Contact Name									
Address			Street						
			Suburb				State	Postcode	
Cont	act Details	V	Work				Mobile		
			Email						
Would you like to be listed on the Parra				natta Park Tru	st Website www.pa	rapa	rk.com.au? No	Yes	
2. A	CTIVITY DETA	ILS							
Type of Personal Training Act			vity:						
Average Group size: (max. 18									
Day of Week			Start Time		End Time	Pr	referred Zone (refer to map)		
eg	Monday		6am		8am	Z	one A		
1									
2									
3									
4									
5									
3. PI	ERMIT DETAIL	.s							
Duration (select one only)		26 weeks 52 weeks							
Start Date									
End Date									
Permit Type (select one only)		Single Trainer Multiple Trainer (Valid for companies only, roster must be provided identifying trainer for each session)							
3. SI	JPPORTING D	OCUMENTS							
\Box (required)		Attached is a copy of my Certificate of Currency for Public Liability Insurance							
\Box (required)		Attached are copies of each trainers Senior First Aid Certificate							
☐ (optional)		Attached are copies of each trainers registration with Fitness Australia							
Regi	ulation 2012. I h litions and term	nave read and is of this polic	d under y.	stood the Pers	onal Trainers & Fitr	ess (ct 2001 and the Parram Group Policy and agree	to adhere to the	

reasonable request from an Authorised Trust Officer.

Applicants Signature:	Date: