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	
Contact Details		Vork		Mobile	Mobile	
		Email				
Would you like to be listed on the Parramatta Park Trust Website www.parrapark.com.au? No Yes						
2. ACTIVITY DETAILS						
Type of Personal Training Activity:						
Average Group size: (max. 18)						
Day of Week		Start Time	End Time	Preferred Zone (refer to m	referred Zone (refer to map)	
e.g. Monday		6am	8am	one A		
1						
2						
3						
4						
5						
3. PERMIT DETAILS						
Duration (select one only) 26 we		eeks 52 weeks				
Start Date						
End Date						
End Date Permit Type (select one only)		Trainers	must be provided ide	ntifying trainer for each sess	ion)	
Permit Type	Multiple (Valid for co	Trainers ompanies only, roster	must be provided ide	ntifying trainer for each sess	ion)	
Permit Type (select one only)	Multiple (Valid for co	Trainers ompanies only, roster		ntifying trainer for each sess blic Liability Insurance	ion)	
Permit Type (select one only) 3. SUPPORTING	Multiple (Valid for co DOCUMENTS Attached is	Trainers only, roster on the companies only, roster a copy of my Certification.		blic Liability Insurance	ion)	
Permit Type (select one only) 3. SUPPORTING (required)	Multiple (Valid for co	Trainers ompanies only, roster a copy of my Certificate copies of each train	ate of Currency for Pu	blic Liability Insurance ertificate	ion)	
Permit Type (select one only) 3. SUPPORTING (required) (required) (optional) I understand that F Regulation 2019. I conditions and terms	Multiple (Valid for concomments) Attached is Attached and Attached are all the concomments are all the concomments are all the concomments of this policy.	Trainers ompanies only, roster a copy of my Certificate copies of each trainer copies of each trainer k is governed by the d understood the Person.	ners Senior First Aid Coners registration with F Parramatta Park Trus sonal Trainers & Fitne	blic Liability Insurance ertificate itness Australia et Act 2001 and the Parrama ss Group Policy and agree t	tta Park Trust to adhere to the	
Permit Type (select one only) 3. SUPPORTING (required) (required) (optional) I understand that F Regulation 2019. I conditions and term I acknowledge tha	Multiple (Valid for concomments) Attached is Attached and Attached are all the concomments are all the concomments are all the concomments of this policitis if my application.	Trainers ompanies only, roster a copy of my Certificate copies of each trainer copies of each trainer k is governed by the d understood the Person.	ners Senior First Aid Coners registration with F Parramatta Park Trus sonal Trainers & Fitne	blic Liability Insurance ertificate itness Australia et Act 2001 and the Parrama	tta Park Trust to adhere to the	