

## **COMMUNITY LIFE**

Sport and Recreation

## APPLICATION FOR COMMERCIAL FITNESS TRAINER PERMIT

## **Privacy Statement**

The information requested by Council on this form may constitute personal information under the Privacy and Personal Information Protection Act 1998. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown.

Please note that information provided may be shared with Department of Human Services Community Services, the Police, other relevant agencies and educators, in accordance with applicable legislation.

NAME			
ADDRESS			
ADDICEGO			
PHONE			
EMAIL			
LITALE			
COMPANY			
COMPANY			
TRADING NAME			
ABN/ACN			
ADDRESS			
712211200			
PHONE			
EDUCATION/			
QUALIFICATIONS			
QUALII ICATIONS			
FITNESS AUSTRALIA		EXPIRY DATE	
REGISTRATION NO.			
OFNIOD FIDOT AID	Dyro Duo	EVDIDY DATE	
SENIOR FIRST AID	YES NO	EXPIRY DATE	
PUBLIC LIABILITY	YES NO	AMOUNT (MIN \$20M)	
INSURANCE			
		EXPIRY DATE	

NAME OF PREFERRED AREA	DAYS AND TIMES								
	MON	TUES	WED	THUR	FRI	SAT	SUN		
e.g. Waminda Oval	7:00 am 10:00 am		7:00 am 10:00 am		7:00 am 10:00 am				
PLEASE NOTE:  Council will aim to assist Commercial Fitness Trainers access the areas requested but may need to negotiate locations to accommodate all users.									
APPLICANT'S SIGNATURE				DATE					
OFFICE USE ONLY (Originals to be sighted and copies retained by Council)									
<b>PHOTO ID</b> (e.g. Drivers L Passport)	icence/		PUBL	PUBLIC LIABILITY INSURANCE					
FIRST AID			FITNI	NESS AUSTRALIA REGISTRATION					
WORKING WITH CHILDREN CHECK (if required)			BLUE	BLUE CARD (if required)					
PERMIT PAYMENT MADE				APPROVED NOT APPROVED					
AUTHORISED OFFICER SIGNATURE				DATE					