

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.

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NAME											
ADDRESS											
PHONE											
EMAIL											
COMPANY											
TRADING NAME											
ABN/ACN											
ADDRESS											
PHONE											
EDUCATION / QUALIFICATIONS											
FITNESS AUSTRALIA REGISTRATION NO		EXPIRY DATE		/	/						
SENIOR FIRST AID	YES / NO	EXPIRY DATE		/	/						
PUBLIC LIABILITY INSURANCE	YES / NO	AMOUNT (MIN \$10M)	\$								
		EXPIRY DATE		/	/						

NAME OF PREFERED AREA	DAYS AND TIMES									
	MON	TUES	WED	THUR	FR	I	SAT	SUN		
e.g. Waminda Oval	7.00 am 10.00 am		7.00 am 10.00 am		7.00 ai 10.00 a					
			_							
Council will aim to assist		Fitness T	SE NOTE: rainers acce o accommod			ested	but may r	eed to		
APPLICANT'S SIGNATURE				DATE						
OFFICE USE ONLY (Originals to be sighted and copies retained by Council)										
PHOTO ID (e.g. Drivers Licence /										
FIRST AID WORKING WITH CHILDREN CHE	-CK	FITNESS AUSTRALIA RE				NOITA	<u> </u>			
(if required)		BLUE CARD (if required)								
PERMIT PAYMENT MADE	APPROVED / NOT APPROVED									
AUTHORISED OFFICER SIGNATURE				DATE						