

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	
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	YES NO	AMOUNT (MIN \$20M)	
		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	DATE	
SIGNATURE		

OFFICE USE ONLY (Originals to be sighted and copies retained by Council)					
PHOTO ID (e.g. Drivers Licence / Passport)		PUBLIC LIABILITY INSURANCE			
FIRST AID		FITNESS AUSTRALIA REGISTRATION			
WORKING WITH CHILDREN CHECK (if required)		BLUE CARD (if required)			
PERMIT PAYMENT MADE			VED		

AUTHORISED	DATE	
OFFICER		
SIGNATURE		