Gym Registration

Provider details

Name of gym

ABN

Contact phone

Email

Gym address

Suburb

State

Postcode

Postal address (if different from gym address)

Suburb

State

Postcode

Requirements

Please confirm all trainers have:
Certificate lll in Fitness as a minimum qualification: ☐ Yes ☐ No
Senior First Aid Certification or equivalent, provided by a Registered Training Organisation (RTO): ☐ Yes ☐ No

Please confirm your facility has:
Professional Indemnity Insurance/Public Liability Insurance to a minimum value of $1,000,000 per claim: ☐ Yes ☐ No

Declaration

By submitting this application form you confirm your commitment to provide pre-program assessment, monitoring of individual programs and maintain documentation of progress where necessary.

You also consent to nib collecting, using or disclosing your personal information for the purposes set out in the nib Privacy Policy and you agree to abide by the nib Provider Terms and Conditions available at nib.com.au/providers

Print name

Position

Signature

Date

Need help?

Visit: **nib.com.au/providers**

Please return your completed form via

Email: **providers@nib.com.au**

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