Personal Trainer/ Business Registration

Provider details

Name of trainer/business

ABN

Contact phone

Email

Business/street address

Suburb

State

Postcode

Postal address (if different from business/street address)

Suburb

State

Postcode

Requirements

Please confirm all trainers have:

Certificate lV in Fitness (Personal Trainer) SIS40215: ☐ Yes ☐ No

OR

Bachelor Degree in Exercise and Sports Science that meets the Australian Qualifications Framework (AQF) level 7 with 3 years full time training (or part time equivalent): ☐ Yes ☐ No

Senior First Aid Certification or equivalent, provided by a Registered Training Organisation (RTO): ☐ Yes ☐ No

Please confirm your business 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**

Authorised representative (name)

Job title

Provider's signature

Date

Personal Trainer/ Business Registration

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Please return your completed form via

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

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