Weight Management Program Application

Details

Program provider name

ABN

Contact person

Email

Contact phone

Website

Business address

Suburb

State

Postcode

Business postal address (if different from business address)

Suburb

State

Postcode

Supporting documentation

Please attach the following information in support of your application:

- ☐ 1. Aims and objectives of program
- ☐ 2. Program content and duration
- ☐ 3. Scientific background in support of program
- ☐ 4. Copies of professional qualifications of facilitators
- ☐ 5. Copies of First Aid Certification
- ☐ 6. Copies of Public Liability/Professional Indemnity Insurance
- ☐ 7. An example of the receipts that are issued to program participants

Declaration

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Print name

Position

Signature

Date

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