Permit for Personal Training Application

Thank you for expressing interest in our Commercial Recreation Permit (Personal Training).

This Permit has been designed for qualified Personal Trainers who are looking to run their own training sessions on one or more of the City's reserves or parks.

If you are wishing to apply for this permit, please complete all questions and provide all required documentation within this application.

We will not be able to progress your permit until all prerequisites are provided.

Completing this application does not guarantee approval.

Prior to completing your application, we ask that you please review the <u>Terms and</u> <u>Conditions</u> associated with holding a Personal Training Permit within the City of Melville.

Organisation Name

If you have any issues or questions whilst completing your submission please contact us via email: danika.draper@melville.wa.gov.au

Business Details and Contact

* indicates a required field

Details of Business

Name of Business *

| Website | | |
|---------|--|--------------|
| | | |
| | Must be a URL. Optional | |
| | | |
| ABN * | | |
| j | The ABN provided will be used to loinformation. Click Lookup above to entered the ABN correctly. | |
| | Information from the Australian Busin | ess Register |
| | ABN | |
| | Entity name | |
| | ABN status | |
| | Entity type | |

Goods & Services Tax (GST)

ATO Charity Type

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

Contact for Business

| Name * | Title | First Name | Last Name |
|----------------|-------------------------------------|------------------|-----------|
| | | | |
| | | | |
| Address | Address | | |
| | | | |
| | | | |
| | | | |
| Phone Number * | | | |
| | Must be an Australian phone number. | | umber. |
| Email * | | | |
| | Must be an | n email address. | |

Permit Details

Duration of Permit

Please select the permit you are applying for:

☐ Annual Permit (12 Months)

No more than 1 choice may be selected.

Maximum period of operation is 12 months - after which the applicant will need to re-apply. The City requires a minimum of one month notice before commencement of permit.

Proposed Location and Times

Personal Training sessions are **NOT** permitted at:

- Point Walter Reserve,
- Heathcote Reserve,
- Bicton Quarantine Park,
- Piney Lakes Reserve and
- Kadidjiny Park

A personal trainer may only conduct $\mathbf{10}$ sessions (1 session = 2 hours) a week over all approved locations.

If you wish to provide further information outside the requested fields, please do so at the end of this page.

In the below grid, please state the reserve, days and times you wish to conduct your training sessions:

| Reserve / Park | Days | Times |
|---------------------|--------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Eg. Morris Buzacott | Monday | 7am - 8am |

Further Feedback

Please supply any additional information you feel may support your application

Required Documentation

* indicates a required field

City of Melville Documentation

Please provide ${f ALL}$ of the following documentation to assist with the advancement of your Commercial Permit Application.

| Current Business Certificate * | Attach a file: | |
|---|----------------|--|
| | | |
| | Proof of ABN | |
| Registration with Fitness Australia * | Attach a file: | |
| | | |
| Current Senior First Aid * | Attach a file: | |
| | | |
| Certificate Currency for Professional | Attach a file: | |
| Liability Insurance AND Public Liabilit Insurance * | | |
| | | |

| Risk Management Plan * | Attach a file: |
|--|--|
| Current Working with Children's Check | Attach a file: |
| | Only applicable if you are working with children |
| Signed Commercial Recreation Permit Terms and Conditions | Attach a file: |
| | Link to: Commercial Recreation Permit (Personal Training) Terms and Conditions |
| | No application will be accepted until all required documents are provided to the City of Melville. |
| Declaration | |
| * indicates a required field | |
| true and correct. • I have read and understood the Terms a of Melville Commercial Recreation Permir. • I certify that the information provided is the City of Melville. • I acknowledge that the City of Melville reconditions and the permit holder is required. | details contained in this submission and it is and Conditions associated with obtaining a City |

I agree with the above declaration *

Name *

Title First Name Last Name

Date *

Must be a date.

Privacy Notice

In compliance with the *Information Privacy Act 2009* (the Act) personal information on this form may be stored in the City of Melville's records database and may also be used for statistical research, information provision and evaluation of services. Your personal information may be provided to the financial institution which handles City of Melville's financial transactions and may be disclosed to other agencies and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.