

Details

Name of gym

ABN

Contact phone

Email

Gym address

Suburb	State	Postcode

Gym postal address (if different from gym address)

Suburb	State	Postcode

Requirements

Please confirm all trainers have:

Yes No **Certificate III in Fitness** as a minimum qualification.

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

Please confirm your facility has:

Yes No **Professional Indemnity Insurance/Public Liability Insurance** to a minimum value of \$1,000,000 per claim.

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 GU Health collecting, using or disclosing your personal information for the purposes set out in the nib Group Privacy Policy available at guhealth.com.au.

Print name

Position

Signature

Date

Need help?



Call: **1800 249 966**
Mon to Fri: 8:30am - 5pm (AEST)



Email: corporate@guhealth.com.au

Please return your completed form via



Mail: **GU Health, Reply Paid 2988,**
Melbourne Vic 8060



Email: corporate@guhealth.com.au