

Personal Trainer/Business Registration

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 that all trainers have:

☐ Yes ☐ No **Certificate IV in Fitness (Personal Trainer) SIS40215.**

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

Please confirm your business 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](#) and you agree to abide by the Recognised Provider Terms and Conditions available at [guhealth.com.au/for-providers](#).

Print name	Position
<hr/>	
Signature	Date
<hr/>	



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Please return your completed form via

Email: providers@guhealth.com.au

Privacy

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