

## 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:

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 available at [guhealth.com.au](http://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](mailto:corporate@guhealth.com.au)

Please return your completed form via



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



Email: [corporate@guhealth.com.au](mailto:corporate@guhealth.com.au)