

PAYMENT DETAILS

Please make your payment online prior to submitting this application.

Payment order number: Date payment made:/...../.....

I have included a cheque made payable to Physical Activity Australia.

PERSONAL DETAILS

First Name: Surname:

Street Address:

Suburb: State: Postcode:

Mobile: Phone (H): (B)

Email:

Registration No. KA

Evidence of your qualification is required with the application.

(Do not send originals. They will not be returned.)

Registration categories are aligned with specialisations of the National Fitness Industry Training Package and the Sport, Fitness and Recreation Training Package.

Indicate the subcategories you wish to add to your registration:

Exercise Instructor (*Certificate III in Fitness*)

- Gym Instructor Group Exercise Instructor Older Adult's Instructor
 Aqua Instructor Children's Instructor

Exercise Trainer (*Certificate IV in Fitness*)

- Personal Trainer Older Adult's Trainer Advanced Aqua Trainer Children's Trainer

Diploma of Fitness

- Specialised Exercise Trainer

**STEP
ONE**

**STEP
TWO**

OR

Please email your application to register@physicalactivityaustralia.org.au or mail it to the address below.

OFFICE USE ONLY

Application Received:/...../..... Processed:...../...../.....

Registration No: TID:

Payment ID: Finance Code: 12 200 4213

Suite 1, 24 Albert Road | South Melbourne | VIC 3205

P +61 3 8320 0100 | ABN 68 083 131 208

www.physicalactivityaustralia.org.au

register@physicalactivityaustralia.org.au