

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:

DOB:/...../..... Male Female

Indicate the subcategories you meet for registration:

Registration No. KA

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

Help Physical Activity Australia service you better

1. Why have you chosen to register with Physical Activity Australia?

2. Are you self-employed? Yes No

3. Where is your current place of employment? Business Name: Postcode:

4. Where do you mostly work? Gym PT Studio Outdoor Council/Community Corporate Private Home

5. Is working in the fitness industry your primary source of income? Yes No

6. If yes, on average, how many hours a month do you work? ? Hours

7. How many years have you been in the industry? Years

8. What is most important to you? (*tick all that apply*)

- Career development and support Product discounts Employment opportunities
 Industry standards Exercise research Advocacy for policy reform
 Business advice and support Professional development Other

9. Would you be interested in gaining PDPs from business, marketing or PR skills courses? Yes No

10. Where do you get your fitness information from? Newsletters Web Word of mouth Emails Employer

11. What do your clients most ask you about?

12. Would you like to be a Physical Activity Australia Health Promotion or Walktober Ambassador?

- Yes, please add me to your list No thank you

13. I do not wish to be notified of employment opportunities I do not wish to receive information regarding career development

I have attached copies of my PDP points, First Aid and CPR with my application

Please tick that you have included copies of the following documents (*Do not send originals. They will not be returned.*)

- Evidence of 6 Professional Development Points
 Current Level 2 First Aid, Senior First Aid or Apply First Aid certificate
 Current CPR certificate

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 4212

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

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www.physicalactivityaustralia.org.au

register@physicalactivityaustralia.org.au