

EMPLOYMENT ADVICE

PHYSICAL ACTIVITY AUSTRALIA

NATIONAL FITNESS REGISTRATION

If you are self-employed, complete a Statutory Declaration, not this form.

Registration No.: _____

First Name: _____ Surname: _____

Employer Name: _____

Employer Address: _____

ABN: _____ Employee Contact Number: _____

Date of Employment: _____

Tick one

I have worked between 200 and 399 hours over my 2 year registration period (1 PDP)

I have worked 400 hours or more over my 2 year registration period (2 PDPS)

Tick all that apply

I work as a

Gym Instructor

Group Exercise Instructor (freestyle)

Group Exercise Instructor (pre-choreographed)

Aqua Instructor

Personal Trainer

Older Client's Trainer

Children's Trainer

Aqua Trainer

Other _____

The information I have provided within this document is true and correct.

Employee Signature Date: _____

Print Name

Employer Signature Date: _____

Print Name

Title

STEP
1

SAVE

STEP
2

EMAIL

OR

PRINT

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



PHYSICAL ACTIVITY AUSTRALIA

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