

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: Employer Contact number:

Date of employment:

Tick one

I have worked between 200 and 1899 hours over my 2 year registration period (1 PDP)

I have worked 1900 hours or more over my 2 years registration period (2 PDPS)

Tick all that apply

I work as a;

Gym Instructor

Personal Trainer

Group Exercise Instructor (freestyle)

Older Client's Trainer

Group Exercise Instructor (pre-choreographed)

Children's Trainer

Aqua Instructor

Aqua Trainer

Other

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

..... Date:/...../.....
Employee Signature

.....
Print Name

..... Date:/...../.....
Employer Signature

.....
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 