

First Time Registration Checklist:

PLEASE FORWARD YOUR REGISTRATION APPLICATION TO

Kinect Australia, Level 5/470 Collins Street Melbourne VIC 3000

T: (03) 8320 0100 **F:** (03) 8320 0110

Email: enquiries@kinectaustralia.org.au **Website:** www.kinectaustralia.org.au

Please provide the following with your re-registration application:

- Application Form
- Current Certificate III & or IV in Fitness (or university transcript equivalent)
- Statement of attainment for any registration subcategories (except for GI & PT)
- Current First Aid—Level 2 or equivalent
- Current CPR qualification (updated annually)
- Registration Fee (made payable to Kinect Australia)

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Please provide the following with your re-registration application:

- Application Form
- Evidence of 6 PDPs (see Professional Development information sheet for details)
- Current First Aid—Level 2 or equivalent
- Current CPR qualification (updated annually)
- To add a new category, please provide the relevant certificate or statement of attainment
- Re-registration Fee (made payable to Kinect Australia)

National Insurance Package:

JLT Sport, Level 17/607 Bourke Street Melbourne VIC 3000

T: (03) 9613 1415 **F:** (03) 9614 3600

E-mail: jltssport@jlta.com.au **Website:** www.jltssport.com.au/kinect

Once you are registered with Kinect Australia you are then eligible to access this insurance cover which is managed by JLT Sport

There are two standard cover options:

- One year policy \$115
- Two year policy \$190

For more information or to apply for insurance download an application form from the dedicated JLT Sport website www.jltssport.com.au/kinect. Post or Fax a copy of the insurance application directly to JLT Sport along with a copy of your Kinect Australia registration certificate

NATIONAL REGISTRATION FORM



Incorporating Vicfit in Victoria
ABN: 68 083 131 208

Application for Registration as a Fitness Instructor/Trainer. This document becomes a tax invoice upon completion and payment. Please photocopy and maintain for your records.

Title: _____ First Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone (H): _____ Phone (B) _____ Mobile: _____

Email: _____ DOB: ____ / ____ / ____

I declare that the information provided in this application is true and accurate. (Required for tax invoice purposes)

Signature: _____ Dated: ____ / ____ / ____

Permission to release name and contact details for possible employment Yes No

Please tick appropriate box:

I wish to register for the first time I wish to renew my registration Previous Registration Number: _____

Please indicate the category and subcategory for registration below:

Fitness Instructor

- Gym Instructor Group Exercise Instructor Older Adults Instructor (Group Exercise)
 Aqua Instructor Older Adults Instructor (Strength Training)

Fitness Trainer

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

Payment Details:

Please accept my payment for:

- First Time Registration** **Re-registration** \$120 Full Fee \$100 Concession Fee
 Re-registration Early Bird: if paid in month of expiry. \$100 Full Fee \$90 Concession Fee

(Concession payment: Please provide copy of seniors, student or health care card.)

Please tick Payment Type: (Cheques made payable to Kinect Australia)

Amount \$ _____ Cheque Money Order Credit Card

Type of Card: Visa Mastercard

Cardholder's Name: (please print) _____

Card Number: _____ / _____ / _____ / _____ Expiry Date: ____ / ____

Cardholder's Signature: _____

Office Use Only:

Payment: \$ _____ Received: ____ / ____ / ____ Processed: ____ / ____ / ____

Registration No: KA _____ 1 Aid Exp: ____ / ____ / ____ Numeric Code _____

CPR Exp: ____ / ____ / ____ Approved: _____