

First Time Registration Checklist:

PLEASE FORWARD YOUR REGISTRATION APPLICATION DIRECTLY TO KINECT AUSTRALIA.

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:

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

Re-registration Checklist:

PLEASE FORWARD YOUR RE-REGISTRATION APPLICATION DIRECTLY TO KINECT AUSTRALIA.

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:

- Re-registration 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)

Insurance Application Checklist:

PLEASE FORWARD YOUR INSURANCE APPLICATION DIRECTLY TO JLT SPORT.

JLT Sport, Level 15/500 Collins Street Melbourne VIC 3000

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

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

Please provide the following with your Insurance application:

- A copy of your Registration Certificate (you will receive this from Kinect Australia approximately one week after registering)
- Insurance Application Form
- Insurance Fee (made payable to JLT Sport)

Application for Registration as a Fitness Instructor/Trainer. This document becomes a tax invoice for GST purposes 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:

- Certificate III in Fitness: Fitness Instructor**
- Gym Instructor Group Exercise Instructor (F)
 Aqua Instructor Children's Instructor
 Older Adults Instructor (Group Exercise)
 Older Adults Instructor (Strength Training)
- Certificate IV in Fitness: Fitness Trainer**
- Personal Trainer Older Adults Trainer
 Advanced Aqua Trainer Children's Trainer
- Diploma of Fitness** **Yoga Instructor**

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: _____

Post Application Form and all relevant documentation to:

Registration Department, Kinect Australia
Level 5, 470 Collins St, MELBOURNE 3000

All enquiries regarding your registration with Kinect Australia:

Telephone: (03) 8320 0100

Fax: (03) 8320 0110

Email: enquiries@kinectaustralia.org.au

Website: www.kinectaustralia.org.au

Office Use Only:

Payment: \$ _____

Finance Processing Code: _____ - _____

Received: ____ / ____ / ____

Processed: ____ / ____ / ____

Registration No: KA _____

1 Aid Exp: ____ / ____ / ____

CPR Exp: ____ / ____ / ____

Approved: _____