

## APPLICATION FOR LICENCE TO CONDUCT FITNESS TRAINING ACTIVITIES ON PUBLIC OPEN SPACE



Privacy Notification (*Privacy and Personal Information Protection Act 1998 – Section 10*) - The personal information that Council is collecting from you on this application form is personal information for the purposes of the Privacy and Personal Information Protection Act 1998 ('the Act'). The intended recipients of the personal information are officers within the Council and any person wishing to inspect the application in accordance with the Local Government Act 1993 or the Government Information (Public Access) Act 2009. The supply of the information by you is not voluntary and if you cannot provide or do not wish to provide the information sought, the Council will be unable to process your application. You may make application for access or amendment to information held by Council. You may also make a request that Council suppress your personal information from a public register. Council will consider any such application in accordance with the legislation. Council is to be regarded as the agency that holds the information. Enquiries concerning this matter can be addressed to Council by telephoning 4227 7111.

|  |  | g        |   |   |   |  |  |  |  |  |
|--|--|----------|---|---|---|--|--|--|--|--|
| 1 APPLICANT'S DETAILS  |  |          |   |   |   |  |  |  |  |  |
| Mr /Mrs /Ms /Miss  | Given  |          | Surname   |   |   |  |  |  |  |  |
| Company Name/ Tr   | ading As   |          |   |   |   |  |  |  |  |  |
| Address  |  | Postcode |   |   |   |  |  |  |  |  |
| Daytime Phone Contact  |  |          |   |   |   |  |  |  |  |  |
| Mobile No  |  | Email    | nail  |   |   |  |  |  |  |  |
| Fitness Australia Registration No  |  |          | ABN   |   |   |  |  |  |  |  |
| Council must be advised and provided with details and copies of accreditation documents of fitness trainer and all employees as per Policy for Commercial Fitness Training Activities on Public Open Space in order for permits to be distributed. Please note permits will be issued in the Trading Name. |  |          |   |   |   |  |  |  |  |  |
| I hereby agree to abide by the conditions set out in Council's Policy for Commercial Fitness Training Activities on Public Open Space with respect to this Licence application.  |  |          |   |   |   |  |  |  |  |  |
| Applicant's Signatur   | e 🗷  |          | Date  |   |   |  |  |  |  |  |
| 2 LICENCE TYPE   |  |          |   |   |   |  |  |  |  |  |
| I wish to apply for (n   | lease tick one or both):                         |          |   |   |   |  |  |  |  |  |
| New Application  |  |          | Renewal of Existing Application   |   |   |  |  |  |  |  |
| Mobile Licence   | e Permit (< 3 participants per session)          |          | Primary Site Licence (> 3 participants per session)  If applying for a Primary Site Licence please complete Section 3 |   |   |  |  |  |  |  |
| Please note the follo  | owing fees are payable for fitness trainers lice |          | ·   | • | · |  |  |  |  |  |
| Licence prepa  | •  |          |   |   |   |  |  |  |  |  |
| Licence Fee for Primary Site licence one month rental in advance.  |  |          |   |   |   |  |  |  |  |  |
| A bond of 3 months rental is to be paid for Primary Site licence.  |  |          |   |   |   |  |  |  |  |  |
| Mobile Licence fee annual fee to be paid in advance – first year's rental paid on application.   |  |          |   |   |   |  |  |  |  |  |
| Please refer to Council's current Fees and Charges for applicable Licence Fees.  |  |          |   |   |   |  |  |  |  |  |
| 3 PRIMARY SIT  | E LICENCE DETAILS                                |          |   |   |   |  |  |  |  |  |
|  | E LIGENGE BETALES                                |          |   |   |   |  |  |  |  |  |
| Park Name  |  |          | Licence Area Code   |   |   |  |  |  |  |  |
| Park Location S  | treet  | S        | Suburb  |   |   |  |  |  |  |  |
| Maximum number of participants to be instructed in any one session   |  |          |   |   |   |  |  |  |  |  |
| Please attach a map of the park depicting the preferred licence location.  |  |          |   |   |   |  |  |  |  |  |

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| 4 CRITE  | 4 CRITERIA AND CONDITIONS |      |          |        |      |      |     |             |  |  |  |
|--|---------------------------|------|----------|--------|------|------|-----|-------------|--|--|--|
| Evidence of the following is required for each trainer upon application (attach copies):   |                           |      |          |        |      |      |     |             |  |  |  |
| <ul> <li>Completed accredited course/s specific to the type of activity being instructed and endorsed by<br/>Fitness Australia and/or VETAB providers.</li> </ul>  |                           |      |          |        |      |      |     |             |  |  |  |
| Current Senior First Aid Certificate   |                           |      |          |        |      |      |     |             |  |  |  |
| Current professional registration with Fitness Australia or the relevant peak body   |                           |      |          |        |      |      |     |             |  |  |  |
| Current public liability insurance for a minimum of \$20 million   |                           |      |          |        |      |      |     |             |  |  |  |
| 5 APPLICATION PROCESS  |                           |      |          |        |      |      |     |             |  |  |  |
| Please mail completed applications with attached copies of the relevant criteria (refer to section 4 of this form) to::  Wollongong City Council Property and Recreation Locked Bag 8821 WOLLONGONG DC NSW 2500  Or alternatively, you can email applications to: records@wollongong.nsw.gov.au Once Council receives your completed application and required documents, you will be contacted to arrange for processing of the licence agreement.  Please DO NOT send your payment with this application. |                           |      |          |        |      |      |     |             |  |  |  |
|  |                           |      |          |        |      |      |     |             |  |  |  |
| OFFICE USE ONLY  |                           |      |          |        |      |      |     |             |  |  |  |
| Licence No   | DA No                     | Term | Commence | Expiry | Zone | Band | Fee | LMS Debtors |  |  |  |
|  |                           |      |          |        |      |      |     |             |  |  |  |

No

**Development Consent Required** 

Date DA Lodged

Yes

Postal: Locked Bag 8821 Wollongong DC NSW 2500