

COMMERCIAL HEALTH, RECREATION AND FITNESS OPERATORS (OUTDOOR FITNESS TRAINING)



GLEN EIRA
CITY COUNCIL

Allocation Permit Application Form

To be read in conjunction with Glen Eira City Council's Conditions of Use — commercial health, recreation and fitness operators — open space (outdoor fitness training)

Applications must include all supporting documents as set out in Section 7 of the Conditions of Use Return completed application forms to Recreation Services

Glen Eira City Council
PO Box 42
Caulfield South 3162
recservices@gleneira.vic.gov.au

PRIVACY

Personal information requested in this form is required to process the application and may be shared with Council officers involved in the process, enforcement of any aspect of the conditions of use, maintenance of grounds or any other person involved in any reasonably related function. Failure to provide the information may prevent Council from considering your application. You may access any of your personal information held by Council by contacting Council's privacy officer on 9524 3333 or email privacy@gleneira.vic.gov.au Council's privacy policy is available online at www.gleneira.vic.gov.au

PART I: APPLICANT DETAILS

You must complete each part and include attachments where required for the application to be considered.

Name of applicant:

Organisation name:

ABN:

Street address:

Mailing address (if different to above):

Address security deposit refund cheque to be sent to (if different from address above):

The security deposit payable is fully refundable subject to Council being satisfied that all parts of the facilities are clean, tidy and free from any damage in accordance with the terms and conditions of hire. At the end of the Allocation Permit period, the Applicant should allow between seven to 21 working days for a cheque to be sent by post.

Who should we contact if we have a question about this application?

Name:

Company/organisation:

Position:

Phone number:

Mobile:

Email:

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PART 2: OUTDOOR FITNESS TRAINING APPLICATION

Permit start date:

Permit finish date:

Nature of activity:

Equipment being used:

Parks and session times requested:

Name of reserve requested	Area	Session times (start and finish times)		Number of participants
		MON		
		TUE		
		WED		
		THU		
		FRI		
		SAT		
		SUN		
		MON		
		TUE		
		WED		
		THU		
		FRI		
		SAT		
		SUN		
		MON		
		TUE		
		WED		
		THU		
		FRI		
		SAT		
		SUN		

Please provide a list of trainers, and relevant qualifications, who will be conducting outdoor fitness training sessions as a part of this Allocation Permit:

Name	Fitness Registration Number (Physical Activity Australia/Fitness Australia)	Public liability insurance policy number

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PART 3: APPLICANT REQUIREMENTS

The Applicant must complete each part of this form and include attachments where required.

A. Provide a current copy of your public liability insurance certificate

The Applicant must ensure that public liability for the amount of \$20 million per single event and professional indemnity insurance in the amount of \$10 million per single event is maintained for the period of the Allocation Permit.

Do you have public liability insurance?	YES	NO
Insurance company:		
Policy number:		
Maximum insurance coverage:		
Expiry date:		
Please attach a copy of your Public Liability Certificate of Currency for each trainer		

B. Provide the following documents/qualifications:

1. a satisfactory *Risk Management Plan* that identifies risks, management of those risks and responsibilities;
2. evidence of a current first aid certificate for each trainer covered by the application (CPR component to be updated annually);
3. evidence of current registration with a recognised peak fitness body or education institution;
4. a copy of a current Working with Children Check (if required); and
5. a passport style photo of each trainer.

C. Outstanding money owed to Council and fees

The Applicant must at the time of booking have no debt to Council unless complying with a repayment arrangement, which has been approved by Council. All permit fees are required to be paid in full prior to the commencement of the Allocation Permit.

Debt	YES	NO
Approved repayment arrangement	YES	NO

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PART 4: CONDITIONS OF USE AND DECLARATION

If this application is accepted, the Applicant will be required to comply with the *Conditions of Use — commercial health, recreation and fitness operators — open space (outdoor fitness training) — (the Conditions of Use)*.

A copy of these *Conditions of Use* is attached to this application form. Please read the *Conditions of Use* before completing Part 4.

I, the undersigned hereby acknowledge, agree and declare on behalf of the Applicant that:

a) I have received, read and agree to comply with the *Conditions of Use* and that the Applicant's use of the facility is in consideration for the Applicant's payment of the permit fee and observance of the provisions of the *Conditions of Use*; and

b) I am authorised to sign for and on behalf of the Applicant.

Print name	
Signed	
Position	
Date	