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Application form for Coordinators/ Activity Providers

Please refer to the relevant Active Tasmania Coordinator/ Activity Provider brief when completing this form.

Contact Person	
Business Name	
ABN	
Postal Address	
Email	
Mobile	
Fax	
Land line	
Curriculum Vitae or Resume	Current CV or Resume attached? YES NO (please circle) If no, please provide a reason:
1) First Aid Certificate (for all instructors)	Date obtained: Current certificate attached? YES NO (please circle) If no, please provide a reason:
2) National Police check (for all instructors)	Date obtained: Current certificate attached? YES NO (please circle) If no, please provide a reason:

<p>Insurance Coverage (What type of insurance do you have? i.e. Public Liability to \$10 million with QBE)</p>	<p>Certificate of Currency attached? YES NO (please circle)</p> <p>If no please provide a reason:</p>
<p>Qualifications (i.e. Certifiacte III/IIII in Fitness, yoga certification etc. please attach certificates – for all instructors)</p>	1.
	2.
	3.
	4.
	5.
	6.
	<p>Current certificates attached? YES NO (please circle)</p> <p>If no, please provide a reason:</p>
<p>Active Tasmania programs previously involved with (i.e. Active UTAS 2014, Active THO – North 2014, Active Launceston Active Parks 2015. Please list as many as applicable)</p>	1.
	2.
	3.
	4.
	5.
	6.
<p>Program /activity session proposal you are applying for (i.e. HealthyU 2015; Pilates session)</p>	<p>Program/Programs Name:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p>6.</p> <p>Session if applicable:</p> <p>Session 1:</p>

	Session 2:
Selection criteria as outlined in the Activity Provider brief (discuss how your qualifications and experience meet the criteria) Maximum 200 words per criteria	1.
	2.
	3.

	4.
	5.
	6.

2016

	7.
	8.
Other Instructors/Leaders	Will other instructors from your business be taking sessions? If so please provide their name, age and experience here if not covered above.
Any additional comments (Maximum 200 words)	