

GYM FACILITY REGISTRATION

Name of facility	<input type="text"/>
A.B.N.	<input type="text"/>
Contact person	<input type="text"/>
Address of facility	<input type="text"/> <input type="text"/>
Postal address	<input type="text"/>
Phone number	<input type="text"/>
Fax number	<input type="text"/>
Email	<input type="text"/>
Website	<input type="text"/>

Public Liability Insurance is a requirement of provider registration

Please confirm that a copy of current insurance is attached.

Senior First Aid Certification provided by a Registered Training Organisation (RTO) is also a requirement of provider registration.

Please confirm that a qualified staff member with current Senior First Aid Certification is on the premises at all times.

Name and position of authorising person *(please print)*

Name

Position

Signature

Date

Return to:

Provider Relations
22 Honeysuckle Drive, Newcastle
NSW 2300

p 1800 175 377

f 02 49251921

e providers@nib.com.au