



Commercial fitness - personal training

What you need to do



Complete the form

Make sure all sections are complete and you have supplied all supporting documents.



Submit application

This form and supporting documents must be submitted via email below.



Further information

We will contact you if more information is required.



Next steps

Training can only start after a permit is issued and payment is made.

Read before starting

How to apply

Submit this form and required supporting documentation to

✉ recreation@portphillip.vic.gov.au

Further information

☎ 03 9209 6677

🌐 portphillip.vic.gov.au/explore-the-city

1 Declaration

I certify that all details supplied in this application form and the attached documents are true and correct, and that the application has been submitted with the full knowledge and agreement of the management of the applicant organisation and auspicing body.

I agree to contact the City of Port Phillip in the event that any information regarding this application changes or is found to be incorrect.

I agree to adhere to all Council terms and conditions outlined in the Personal Training Fact Sheet.

2 Application Checklist

All applicants must provide the following supporting documentation at the time of submitting their application. Applications can only be considered with this information.

Valid First Aid certificate & CPR

Public liability insurance
Certificate of Currency
(\$20m minimum)

Peak body registration
(Fitness Australia, Physical
Activity Australia, Fit Rec)

Risk and emergency management
procedures

Participant waiver form

Trainer contact information

Sign artwork/photo

Privacy policy

The City of Port Phillip is collecting the personal information requested on this form for the purpose of determining licences agreements for Personal Training and Group Fitness, as required by the Crown Land Acts Amendment (Lease and Licence Terms) Act 2009. The personal information will be used solely by the City of Port Phillip for this primary purpose and the directly related secondary purpose of sending you any further information relating to this process. The applicant understands that the personal information provided is for these purposes and that they may apply to Council for access and/or amendment of the information. During the application and assessment processes information will be kept confidential.

3 Applicant details

Name of Organisation

ABN

Contact person

Position title

Postal address

Suburb

State

Postcode

Best phone number to contact you on Email

Would you like your contact details listed on the City of Port Phillip website?

Yes

No

4 Type of Activity

Personal Training

Group Fitness Training/ Boot camps

Please provide a detailed description of the activities you will be carrying out.

For example personal training, group training, boxing, circuits, boot camp, cardio sprints, aerobics, pilates, yoga, meditation, etc.

Please provide a detailed description of the equipment you will be using.

For example swiss balls, skipping ropes, foam mats, medicine balls, free weights.

5 Operating Locations

Please list the locations in order of preference. Please only ask for the time you need. If this is not available, we will contact you.

Site one

Location

Operating Hours (For example Monday 9 am to 10am, 2 pm to 3 pm, 6 pm to 8 pm).

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Site two

Location

Operating Hours (For example Monday 9 am to 10am, 2 pm to 3 pm, 6 pm to 8 pm).

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Office use only

Application
number

Date
lodged

For further information or a large print version

☎ 03 9209 6320 🌐 portphillip.vic.gov.au/explore-the-city ✉ recreation@portphillip.gov.au