

SECTION C: Professional accreditation and conduct

1. Professional Accreditation

Are you a member of Fitness Australia?

Yes No

If Yes, Member number

Expiry

Membership Level

Has your membership ever been cancelled or suspended?

Yes No

2. Professional Conduct

Has membership with any professional body or association ever been cancelled, or suspended for any reason?

Yes No

Has registration with any health fund ever been cancelled or suspended for any reason?

Yes No

Does the gym comply with the Code of Practice of the state in which it is located?

Yes No

Does the gym adhere to hygiene procedures and protocols, as well as safety protocols?

Yes No

Please confirm Certificate of Currency is attached for Professional Indemnity Insurance and Public Liability Insurance

Yes No

If you answered no to any of the above, please provide further information

SECTION D: Staff qualifications and certification

Are personal and individualised programs and services provided by a fully trained and certified staff member who holds a minimum of Certificate III in Fitness (or equivalent)?

Yes No

Do all qualified personnel participate in Continuing Professional Education?

Yes No

Is at least one staff member who holds a Senior First Aid Certificate (or equivalent) always in attendance at the gym during hours of operation?

Yes No

Do all trainers speak English fluently (so that trainers can communicate with our members to ensure programs are implemented correctly)?

Yes No

CHECKLIST - Please attach copies of the following documents:

- Details of individual fitness testing and personalised fitness programs offered at your gym
- The Certificates of Currency for your Professional Indemnity Insurance and Public Liability Insurance
- A sample copy of your accounts and receipts

Acknowledgement

As the authorised representative of the gym, I declare that the above details are true and correct.

I understand that the lodgement of this application does not automatically grant recognition by Bupa of the gym as a service provider for benefit purposes.

I agree:

- that the gym will abide by the Bupa Provider Recognition Criteria, and I understand that Bupa reserves the right to review its recognition requirements and set further requirements from time to time; and
- that our Ancillary Provider Terms govern the gym's relationship with Bupa and I acknowledge that Bupa may end its recognition of the gym, as set out in Our Ancillary Provider Terms.

I agree that the gym will co-operate to enable Bupa to make enquiries about the qualifications, certification and professional conduct of the gym's employees and contractors, as reasonably required.

Signed

Date

Name (please print)

Position