

PROPERGYM

ABOUT YOU

NAME:

COMPANY NAME:

ADDRESS:

..... POST CODE:

TELEPHONE: EMAIL:

PROFESSIONAL CERTIFICATIONS

DO YOU HOLD THE FOLLOWING CERTIFICATIONS?

LEVEL 2 FITNESS INSTRUCTOR YES/NO

LEVEL 3 PERSONAL TRAINER YES/NO

LEVEL 4 QUALIFICATIONS (PLEASE STATE)

OTHER FITNESS QUALIFICATIONS (PLEASE STATE)

.....

DO YOU HOLD A CURRENT FIRST AID CERTIFICATE? YES/NO

ARE YOU A MEMBER OF A PROFESSIONAL FITNESS ORGANISATION? (EG. REPS)

YES/NO WHICH ORGANISATION?

DO YOU HAVE PUBLIC LIABILITY INSURANCE YES/NO

PLEASE NOTE: - WE WILL REQUIRE COPIES OF ALL YOUR CERTIFICATIONS AND INSURANCE DETAILS.

PLEASE GIVE DETAILS OF YOUR PERSONAL TRAINING EXPERIENCE BELOW:

.....
.....
.....
.....
.....
.....
.....
.....
.....

APPROXIMATELY HOW MANY CLIENTS YOU TRAIN EACH WEEK:

OR/AND

NUMBER OF CLASSES YOU HOST EACH WEEK & THE APPROX NUMBER OF CLIENTS IN
EACH CLASS:

.....

ANY FURTHER INFORMATION (SUCH AS SOCIAL MEDIA ACCOUNTS):

.....
.....
.....
.....
.....
.....
.....
.....
.....

SIGNED: DATED:

PRINT NAME:

www.propergym.com