



PERMIT APPLICATION FORM



SECTION 1 – APPLICANT DETAILS				
NAME				
POSTAL ADDRESS				
SUBURB		F	POSTCOD	E
PHONE (H)	(W)		((M)
E-MAIL				

	SECTION 2 – BUSINESS DETAILS
BUSINESS NAME	
ABN (or ACN)	
WEBSITE (optional)	

SECTION 3 – PERMIT TYPE		Tick	Reserve 1	Reserve 2	Reserve 3
Small Groups	1-4 participants				
Medium Groups	5–10 participants				
Large Groups	11–18 participants				
SEASONAL / ANNUAL PERMIT (Please tick)		Summer 🗌	Winter 🗌	Annual 🗌	

GROUND REQUIREMENTS				
Session Times Required Refer to Management Guidelines for permitted times				
Reserve	Days	Times	Permit Type	Group Size
Eg. Mueller Park	Wednesdays	7am – 9am	Small Group	1-4 participants





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✓ □



EQUIPMENT		
Please list any equipment you will be bringing		
onto the park		
	ADDITIONAL INFORMATION	
Please list any		
additional information		

SECTION 4 – REQUIRED DOCUMENTATION

Please check off the following documentation and ensure it has been attached as part of your application

Evidence that the trainer is a registered professional with Fitness Australia

Evidence of personal and public liability insurance which indemnifies the City of Subiaco to a minimum of \$10 million

Evidence for each personal trainer who may use the park of their current Senior First Aid Certificate

In addition to the above, if working with children:

Produce a valid WWC card

Provide certification in having completed accredited courses specific to children's fitness training (if training children)

SECTION 5 – DECLARATION

I,

declare that I have read the Management Guidelines for Personal Trainers and Commercial Group Fitness and will adhere to all of the terms and conditions

SIGNED: _____

FULL NAME: _____

DATE: _____

Completed forms and enquiries should be directed to:

Recreation Services | City of Subiaco

E PO Box 270, SUBIACO 6904 2: 6229 6600 Lords@subiaco.wa.gov.au