

## Change of Level Form

Use this form if you wish to change your level of registration part way through the registration period (1 October – 31 September)

Name: \_\_\_\_\_ Date of Birth: / / Date: / /

I am currently registered at the following level(s)	I wish to change this to (please tick which levels you now wish to register at)
<input type="checkbox"/> Exercise Assistant	<input type="checkbox"/> Exercise Assistant
<input type="checkbox"/> Group Exercise (pre-choreographed) <input type="checkbox"/> Group Exercise (own choreography)	<input type="checkbox"/> Group Exercise (pre-choreographed) <input type="checkbox"/> Group Exercise (own choreography)
<input type="checkbox"/> Exercise Consultant Level 1 (can demonstrate a pre-written program, but not personalise it) <input type="checkbox"/> Exercise Consultant Level 2 (can demonstrate <b>and</b> write personalised programs) <input type="checkbox"/> Personal Trainer (contractor) <b>OR</b> <input type="checkbox"/> Personal Trainer (employee when a PT)	<input type="checkbox"/> Exercise Consultant Level 1 (can demonstrate a pre-written program, but not personalise it) <input type="checkbox"/> Exercise Consultant Level 2 (can demonstrate <b>and</b> write personalised programs) <input type="checkbox"/> Personal Trainer (contractor) <b>OR</b> <input type="checkbox"/> Personal Trainer (employee when a PT)

**Reminder:** You can register at ONE level, plus group exercise if applicable.

### New Qualifications / Training

Please list here any new training or qualifications completed to enable you to register at this higher level. Include education institutions name, title of course, date completed **and** attach a photocopy of your certificate.

### Change to Registration Fees

When changing levels, you are only required to pay an additional amount if the new level has a higher registration fee, and then you only pay the difference. For example if you change from group exercise to exercise consultant level II, then you pay an additional \$30 (\$75 for EC Level II, less \$45 already paid for group exercise).

Amount you paid already	\$
Amount you should pay (please check with REPs for the current rates)	\$
Difference to pay:	\$

**Important:**

- (1) Please check with REPs as to the difference in fees.** If it is past April, and you first registered before April, you may only need to pay half the difference (as there is less than six months left of this years registration). Through a year it may be that you do not need to pay all of this difference.
- (2)** If your new level is Personal Training, also complete the insurance declaration over the page.

### Contact Details

Please list here any of your contact details that have changed.

>> Please turn over <<

# Payments

Please charge my credit card ( Visa  MasterCard) **OR**  Please find enclosed cheque

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiry Date     /     /

Name on Card: \_\_\_\_\_ I authorise to charge my credit card with \$ \_\_\_\_\_

Please change my level & charge my credit card as above (or I have enclosed a cheque).  
I agree that all information on this form is correct.

Signature: \_\_\_\_\_ Date:     /     /

# Insurance

***This section only applies to Personal Trainers that are contractors (in which case insurance is included with your registration) AND any other contractors that wish to buy insurance (in addition to your registration). All others may skip this section.***

***Note: Contractors are NOT normally covered by any facility's workplace insurance.***

## INSURANCE COVERS:

- Professional Indemnity - cover for a breach of your professional duty (e.g. exercise advice)
- Public Liability - cover third party injury/property damage arising from operations of your business
- Statutory Liability - covers costs of fines and related defence costs following an unintentional breach of an act of parliament

Please list the activities you undertake e.g. "Personal Training" or "Aerobics Classes"	
Have you had any previous claims in respect to the insurance being applied for?	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details (use additional paper if needed)
What was your total income for your business in the last completed financial year (excluding GST)?	
Have you ever been the subject of disciplinary proceedings for professional misconduct?	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details
Are you aware of any claims, or circumstances which might result in claims against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details (use additional paper if needed)

## Insurance Agreement:

I/we agree that my/our personal information may be used by Lumley General Insurance (N.Z.) to advise me/us of other services provided by Lumley General Insurance (N.Z.) Limited. I/we authorise the disclosure of personal information held by any other party regarding my/our previous insurances. I/we agree to Lumley General Insurance (N.Z.) Limited releasing to other parties information regarding this insurance. I/we hereby declare and warrant that the answers given in this proposal (and any attachments relating to it) are in every respect correct and complete. I/we agree that this proposal, declaration (and any attachments to it) and any other information supplied to Lumley General Insurance (N.Z.) Limited in support of this proposal shall be the basis of the contract between us. I/we agree to accept the terms, exceptions and conditions contained in the Professional Indemnity Insurance policy as modified or extended by any endorsements thereon or the policy schedule or on any certificate of insurance issued to me/us by Lumley General Insurance (N.Z.) Limited in lieu of a policy.

