

Confirmation of Work Experience

Date	/ /
Name of individual applying for registration	
Exercise Facility Name	
Exercise Facility Manager	
Contact Phone number of Facility Manager	
Signature of Manager (confirming below)	

I confirm that the person listed above has completed work experience to the following level (please tick only ONE box, the highest level that applies)

- AT least 40 hours of work in an exercise facility environment
- At least 100 hours of work in an exercise facility environment
- At least 100 hours of work in an exercise facility environment, undertaking the work of an advanced exercise consultant (i.e. personalising programs)

Has the individual been working in exercise facilities for six months or longer?

- YES NO

Notes

- Work can be paid or unpaid, but must be the type of duties that would normally be undertaken in the facility by paid staff
- For the purposes of this form, "exercise facility" is any facility who's primary function is to provide exercise advice/services such as a fitness centre, health club, PT studio etc.