



REPs Registration Application Form 2018-2019

and REPs Associate Membership of the
Exercise Association of New Zealand Incorporated

From 1 October 2018 to 30 September 2019



For valuable information to help you complete the registration application process, please go online to www.reps.org.nz/registernow



Registration Period:

All registrations are for an initial 12 month period from the date of registration. The registration year runs 1 October to 30 September, and registrations received part way through a registration year will receive a credit for use at the first re-registration.

Processing Time:

Our standard processing time is 10-15 days (This can be longer during our re-registration peak period of August - October).

Sending your application

PLEASE SEND YOUR COMPLETED APPLICATION (PAGES 1 TO 5) TO REPS IN THE FOLLOWING WAYS:



Postal Address:
REPs
P O Box 22374
Christchurch 8140



Email and scan:
info@reps.org.nz

Section 1: Personal Details

IMPORTANT: * INDICATES FIELDS WHICH ARE MANDATORY FOR THIS SECTION. INCOMPLETE INFORMATION WILL DELAY PROCESSING.

First Name *	<input type="text"/>		
Last Name *	<input type="text"/>		
Postal Address *	<input type="text"/>		
Suburb	<input type="text"/>		
City *	<input type="text"/>	Postcode *	<input type="text"/>
Email Address *	<input type="text"/>		
Phone * (mobile or home)	<input type="text"/>		
Date of Birth *	<input type="text"/>	/	<input type="text"/>
		/	<input type="text"/>
Male/Female *	<input type="text"/>		

Section 2: Your Workplace

List all exercise facilities you operate from (including branch names) if you operate from a facility.

Is this a facility a REPs Registered Exercise Facility (REF)?

A list can be found on the REPs website (click search facility, www.reps.org.nz)

Yes No

Section 3: Registration Level(s)

Please tick the level(s) of registration for which you are applying. Each level has the registration fee listed next to it, including GST. If you select more than one level (maximum one level from each of the 3 registration categories), you only pay the fee of the highest level selected.

1. Exercise Prescription	Fee if at a Registered Facility	Fee if not at a Registered Facility
<input type="checkbox"/> Personal Trainer Contractor Includes Insurance	\$293.00	\$412.00
<input type="checkbox"/> Personal Trainer Employee (PT employed by a Registered Facility)	\$188.00	Not Available
<input type="checkbox"/> Exercise Consultant Level 2 (Instructor who can personalise programmes)	\$115.00	\$188.00
<input type="checkbox"/> Exercise Consultant Level 1 (Instructor using only prewritten programmes)	\$115.00	\$188.00
<input type="checkbox"/> Exercise Assistant	\$115.00	\$188.00
2. Group Exercise		
<input type="checkbox"/> Group Exercise Own Choreography (Freestyle using own choreography)	\$68	\$115
<input type="checkbox"/> Group Exercise Own Choreography Contractor Includes Insurance	\$147	\$194
<input type="checkbox"/> Group Exercise Pre Choreographed (Les Mills, CityFitness)	\$68	\$115
<input type="checkbox"/> Group Exercise Pre Choreographed Contractor Includes Insurance	\$137	\$184
3. Yoga Teacher		
<input type="checkbox"/> Registered Yoga Teacher	\$68.00	\$115.00
<input type="checkbox"/> Registered Yoga Teacher Contractor Includes Insurance	\$147.00	\$194.00

ENTER THE REGISTRATION FEE ABOVE IN **BOX A** IN SECTION 8.

Exercise Specialist - Please use the separate Registered Exercise Specialist application form for this level.

Section 4: Optional Email Address



FOR PERSONAL TRAINER CONTRACTORS

Check out www.reps.org.nz/registernow for more information

Section 5: First Aid

YOU MUST ATTACH A COPY OF YOUR CERTIFICATE TO YOUR APPLICATION

Please see REPs First Aid/CPR policy at www.reps.org.nz/firstaid

- I hold a current Comprehensive Workplace First Aid certificate.**
This enables me to work anywhere.
- I hold a current CPR certificate.**
This enables me to work exclusively within the premises of a Registered Exercise Facility only.

Section 6: Qualification

NOT SURE WHICH PATHWAY TO USE? Go to www.reps.org.nz/registernow

IMPORTANT: In all cases, please attach copies of qualification completion certificates, or overseas registration certificate.

- PATHWAY 1:** Qualification from a **REPS Registered Initial Education Provider** or **RYT200 Qualification for Yoga Teacher Registration:** The qualification(s) MUST be in our list of REPs recognised initial education providers.

Name of Education Organisation	Name of Qualification	Date completed (month and year)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your qualification was completed more than 3 years ago, please provide details of any Continuing Professional Development (CPD) completed over the last 3 years. If you haven't undertaken sufficient CPD, you may be required to complete up to 20 points of CPD. We will advise you of any CPD required.

- I have attached copies of my Continuing Professional Development undertaken (if applicable).
- PATHWAY 2: NZ University Degree with an Exercise Focus** - Please use this pathway if your degree is not one in our list of recognised qualifications, but it is a NZ degree with an exercise focus.
- PATHWAY 3: Yoga Teacher** who holds knowledge and skill equivalent to a 200 hour type qualification.
- PATHWAY 4: Recognition of Current Competency (RCC)** - suitable if you do not hold a qualification from a REPs Registered Education Provider, but have industry experience and knowledge, skill and expertise. Please attach copies of any qualifications held.
- PATHWAY 5: Current registration with an ICREPs partner register** - If you are currently registered with an ICREPs portability register.

Section 7: Insurance

This section applies to those who register at a level with insurance included.

NOTE: Contractors to facilities are not normally covered by any facility's workplace insurance.

IMPORTANT: YOU MUST COMPLETE SECTIONS A TO F OF THIS INSURANCE FORM

A	List activities you undertake e.g (Personal Training, Aerobics Classes) See note 1 below.	
B	Have you had any previous claims in respect to the insurance being applied for?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details in space below)
C	What was your total income in the last completed financial year? (excl GST) if you have just started business please tick "just started"	<input type="checkbox"/> Under \$50,000 <input type="checkbox"/> Just Started
D	Over \$50,000. Please write actual amount.	\$
E	Have you ever been subject to disciplinary proceedings for professional misconduct?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details in space below)
F	Are you aware of any claims, or circumstances which may result in claims against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details in space below)

NOTE 1. These activities must be within your role as an exercise professional, and within the scope of your knowledge, competency and skill.

NOTES:

Insurance Agreement:

Insurance Agreement: On behalf of all proposed Insureds I/We declare and agree that:

- All information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- If this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- I/We understand that Lumley requires this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, any information retained;
- Lumley is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- Lumley is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;
- Lumley is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- The signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by Lumley. 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 in lieu of a policy.

I/We agree that REPs reserves the right to change insurer at any time. This may result in changes to the terms and conditions of the cover, but REPs will ensure the level of cover is comparable.

Lumley, a business division of IAG New Zealand Limited

Section 8: Payment & Tax Invoice Once Paid

GST NUMBER 60-354-960
(Exercise Association of New Zealand Incorporated)

Registration Fee (from section 3)	\$	BOX A
Application fee: For first time or expired registrations	<input type="checkbox"/> \$57.50	BOX B
Waived when using portability from an ICREPs portability partner register	<input type="checkbox"/> \$00.00	
Verification Fee Pathway 2 University Degree verification Pathway 3 Yoga teacher verification	<input type="checkbox"/> \$165.00 <input type="checkbox"/> \$165.00	BOX C
Urgent Processing Fee (5 working day processing - tick if required)	<input type="checkbox"/> \$50.00	BOX D
Total Fee (please add the values together in Box A, B, C and D)	\$	BOX E

Section 9: Payment Details

Select ONE of the 3 payment options

Credit Card Payment Visa/Mastercard/Debitcard only

Card Number _____ - _____ - _____ - _____ Security Code (3 digits on signature panel) _____

Expiry ____ / ____ I authorise REPs to charge my credit card with \$ _____

Name of Card holder : _____

FROM BOX E

Signature of Card Holder : _____

Payment to Bank Account. Please make payment of the total fee to account number 12-3011-0086800-05 with your surname, first name and city as reference. Payment is to be made on the day the form is sent to REPs.

Monthly Payments
(please download the forms from reps.org.nz/dd. Simply post the payment agreement and DD form to REPs).

Section 10: Terms and Conditions

I wish to apply for REPs Associate membership of the Exercise Association of New Zealand Inc. My associate membership includes REPs registration as one of my benefits. I agree (please read carefully):

- That all information provided is accurate and true.
- That all online transactions and declarations are binding, and I won't disclose any passwords to others.
- That REPs registration is purchased for my business or occupational purposes.
- To be bound by the REPs Code of Ethical Practice (a copy can be downloaded at www.reps.org.nz).
- That REPs has permission to contact third parties to verify details of my registration application. I allow REPs to share my contact details to third parties that provide services (e.g. ExerciseNZ, Australian Fitness Network, PT Council etc), and for them to contact me.
- That if operating from a Registered Exercise Facility, REPs is authorised to share and request information with/from the facility for the purposes of completing or verifying registration, or for other facility compliance requirements.
- To complete any audits or reviews REPs may undertake to verify my level of registration and/or competencies.
- To allow REPs to disclose to third parties my registration status, and any reasons for non-registration.
- To undertake any training or assessment at my own cost that REPs identifies as needed to maintain registration.
- For those with insurance, REPs reserves the right to change insurer at any time. This may result in changes to the terms and condition of the cover, but the level of cover will be comparable
- To keep my Comprehensive First Aid, or CPR certificate current at all times in line with REPs First Aid/CPR policy which is viewable at the link www.reps.org.nz/firstaid.
- To undertake sufficient Continuing Professional Development (CPD). Currently 10 CPD points per registration year.
- To maintain a valid email address at all times, and receive all email communications from REPs.
- To make payment of the registration fee to REPs, and that payment is for application, not acceptance. Refunds are not given for unsuccessful registrations. I agree that collections costs are payable by me should I default on any payment due to REPs.
- All payments for associate registration membership are for 12 months, and refunds are not given for change of mind, unsuccessful registration, or failure to meet registration standards. As the registration years runs from 1 October to 30 September, applications received part way through this period still pay for a full year, and receive a credit equal to the unused months which is applied to re-registration on 1 October (e.g. a person registering on 1 March 2018 pays for a full 12 months, and first re-registers on 1 October 2018, with a 5 month credit). There are no refunds if the credit is not used at the first re-registration.
- This agreement is between the applicant and the Exercise Association of New Zealand Incorporated. NZ Register of Exercise Professionals (REPs) is a trading name of the Exercise Association of New Zealand Incorporated.

By signing here I agree to the terms and conditions above

Date: ____ / ____ / ____

Signed: