

Change of Level Form

Return form to: REPs, PO Box 22374, Christchurch 8140
Or scan and email to info@reps.org.nz



Section 1 Personal Details

Full Name:			
Street Address:		Date of Birth:	
Suburb:		Phone:	
City:		Postcode:	
Email Address:			

Section 2 Registration Level

What is your current registration level?

What level/s are you applying to change your registration to?

- | | | |
|--|--|--|
| <input type="checkbox"/> Group Exercise Pre Choreographed | <input type="checkbox"/> Exercise Consultant Level 1 | <input type="checkbox"/> Yoga Teacher |
| <input type="checkbox"/> Group Exercise Own Choreography | <input type="checkbox"/> Exercise Consultant Level 2 | <input type="checkbox"/> Yoga Teacher Contractor |
| <input type="checkbox"/> Group Exercise Pre Choreographed Contractor | <input type="checkbox"/> Personal Trainer Employee | |
| <input type="checkbox"/> Group Exercise Own Choreographed Contractor | <input type="checkbox"/> Personal Trainer Contractor | |

Note in all cases REPs will require a copy of your qualification to support the change of level. There may also be a difference in level fee payable.

Section 3 Insurance

Insurance for those registered at a contractor level

This section only applies to Personal Trainer, Group Exercise and Yoga Teacher Contractors (in which case insurance is included with your registration).

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? If so please attach details. YES NO

What was your total income for your business in the last completed financial year(excluding GST)? In cases where you have not completed a full year, please estimate. Note: This information is not used by REPs in any way, only the insurance company.

Just Started Under \$50,000 Over \$50,000 \$

Have you ever been the subject of disciplinary proceedings for professional misconduct? If so please attach details. YES NO

Are you aware of any claims, or circumstances which might result in claims against you? If so please attach details. YES NO

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 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.

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

Insurance cover:

- 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 & related defense costs following an unintentional breach of an act of parliament

PTO

Section 4 Fee Payable

In all cases, **please contact REPs on 0800 55 44 99** to confirm the exact fee charge (if any) to enter into **Box A** below

BOX A - TOTAL FEE \$



Payment Details

GST Tax invoice once paid GST# 85-859-579. Please choose 1 PAYMENT OPTION:

I have enclosed a cheque

Please charge my credit card

I have enclosed a monthly payment form.
Download at www.reps.org.nz/dd

I will pay by direct credit to REPs via
Internet Banking today.
Please use your name as reference
NZ Register of Exercise Professionals
Bank Account 12-3148-0121312-02

Card Number

Name on card

Expiry

 /

CSV

I agree that all information provided on this form is correct.

If paying by credit card, by signing here I agree to make payment of the fee payable in Box A.



Signed:

Date: