



Application for International Portability

1	Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
	Street Address:	<input type="text"/>	Phone:	<input type="text"/>
	Suburb:	<input type="text"/>		
	City:	<input type="text"/>	Postcode:	<input type="text"/>
	Email Address:	<input type="text"/>		

2	COUNTRY you are moving to:	<input type="text"/>
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3	Level(s) of verification being applied for (please tick)?:		
	<input type="checkbox"/> Group Exercise	<input type="checkbox"/> Exercise Consultant Level 2	<input type="checkbox"/> Personal Trainer

4	QUALIFICATIONS		
	Please enter details of your qualifications. Please ensure you provide transcripts, record of learning and a certificate of completion (attach separately)		
a) Name of Qualification:	<input type="text"/>		
Institutions Name:	<input type="text"/>	Date Completed:	<input type="text"/>
b) Name of Qualification:	<input type="text"/>		
Institutions Name:	<input type="text"/>	Date Completed:	<input type="text"/>

5	Work History and Continuing Professional Development		
	Please enter details of your work history. Please include a contact person (manager/supervisor) with each facility listed and a contact telephone number/email address.		
	Facility Name:	<input type="text"/>	
Managers Name:	<input type="text"/>	Contact details:	<input type="text"/>
Employment Date:	From <input type="text"/>	To	<input type="text"/>
If you completed your qualification more than 12 months ago, please include details of any ongoing education you have undertaken over the last year(s). This includes workshops, conferences etc.			
Course Name:	<input type="text"/>	Date Completed:	<input type="text"/>
Course Name:	<input type="text"/>	Date Completed:	<input type="text"/>
Course Name:	<input type="text"/>	Date Completed:	<input type="text"/>

6 Payment Details - Please choose 1 payment option

GST Tax invoice once paid GST# 85-859-579

Please charge my credit card
(Visa/Mastercard only)

Name on card

Card Number

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 **12-3011-0086800-05**

Expiry

CSV

This fee applies to verify a
qualification which is not registered
with REPs as initial education.

To view our list of registered
courses, please go to
www.reps.org.nz and click on
the recognised courses tab.
This fee is \$168.00



7 FEE PAYABLE

Verification fee (20 working days) - \$161	\$ 161.00
Urgent Processing (7-10 working days) - \$50	\$
Non registered initial education fee - \$168	\$
TOTAL FEE	\$

8

I wish to apply for International Portability with REPs and agree: (please read carefully)

- That all information provided on this form is true and accurate.
- To be bound by any complaints process of REPs.
- That I give REPs permission to contact any third party to verify any details of my registration application.
- To 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 /portability / application status.
- That incomplete applications are not processed until all required information is received and that the 20 working day turnaround time (7-10 working days if the urgent processing fee is paid) applies from when all applicable information to process the application is received by REPs.
- To make payment for this application. Refunds are NOT issued for any reason, even if the verification at the level applied for is not successful.
- Successful completion of this portability of qualification process does not provide you with registration in NZ

By signing here I agree to the registration terms above, and payment terms for my credit card to be charged (if applicable)

Signed:

Date:

Please return completed application to:

REPS ✓

Please return completed application
by mail to:

REPs
P O Box 22374
Christchurch 8140

OR

Enter info into this form and save
then email to:

info@reps.org.nz