



Change of Level Form

Please ensure you read the information page before completing data fields in this FILLABLE FORM. Complete, save 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	<i>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.</i>
<input type="checkbox"/> Group Exercise Own Choreographed Contractor	<input type="checkbox"/> Personal Trainer Contractor	
<input type="checkbox"/> Pilates Instructor Contractor	<input type="checkbox"/> Pilates Instructor	

Section 3 Insurance

Insurance for those registered at a contractor level

This section only applies to Personal Trainer, Group Exercise, Yoga Teacher and Pilates Instructor 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 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.

Insurance Agreement:

I/we agree that my/our personal information may be used by Delta NZ Ltd to advise me/us of other services provided by Delta NZ Limited.
 I/we authorise the disclosure of personal information held by any other party regarding my/our previous insurances.
 I/we agree to Delta NZ 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 Delta NZ 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 Delta NZ 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.
 Delta NZ Ltd for and on behalf of certain underwriters at Lloyds.

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

Urgent processing \$100

BOX A - TOTAL FEE \$

Payment Details

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

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

Exercise Association of New Zealand

Bank Account 12-3011-0086800-05

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:

Complete, save and email to info@reps.org.nz



NZ Register of Exercise Professionals Ltd. PO Box 22114, Christchurch 8140.
Ph: 0800 55 44 99 www.reps.org.nz info@reps.org.nz

