



Fitness Australia CEC programs

Procedure for changing the program name, presenter or assessor



Providers of Fitness Australia Continuing Education Credits (CEC) programs may change the name of the program, and the nominated program presenter or assessor at any time by following a simple procedure. An administration charge of \$30 is applicable.

To change the CEC program name, please provide the following:

- A completed application form
- A Statutory Declaration form stating that no changes have been made to the original CEC program content
- Payment of the \$30 administration fee

To change the CEC program presenter or assessor, please provide the following:

- A completed application form
- Copies of the new presenter / assessors CV and Certificate IV in Training and Assessment
- A Statutory Declaration form stating that no changes have been made to the original CEC program content
- Payment of the \$30 administration fee

Please note, if changes or additions have been made to the original program content and delivery, a re-submission and full review of the program will be required.



Fitness Australia®
THE HEALTH & FITNESS INDUSTRY ASSOCIATION

Fitness Australia

T. 1300 211 311 F. 1300 734 613

Level 3, 180 Albert Rd, South Melbourne VIC 3205

E. cecsupport@fitness.org.au W. fitness.org.au

Application to change Fitness Australia CEC program details



Providers of Fitness Australia CEC programs may change the name of the program, the nominated program presenter and assessor at any time. Please complete the application form below and send this through with the Statutory Declaration form and additional documentation.

■ Business details

Business name: _____

ABN: _____ ACN: _____

Street address: _____

Suburb: _____ State: _____ Postcode: _____

Postal address: _____

Suburb: _____ State: _____ Postcode: _____

Locations in which your business operates: ☐ ACT ☐ NSW ☐ NT ☐ QLD ☐ SA ☐ TAS ☐ VIC ☐ WA

Phone:() _____ Fax:() _____

Email: _____

Website: _____

■ Key contact

Title: _____ First name: _____ Surname: _____

Position: _____

Phone:() _____ Mobile: _____

Email: _____

■ Program Details to be changed

Program name: _____

Presenter: _____ Assessor: _____

■ Declaration

I declare that all of the information provided above is true and accurate. I request that the program changes indicated are made immediately and have attached relevant documentation to verify the change(s).

I acknowledge that an administration fee of \$30 is payable for this process.

Signature: _____ Date: _____

■ Payment details

Please choose to pay by credit card or cheque deposit below.

☐ **Cheque/Money Order:** Please make payable to Fitness Australia Ltd.

☐ **Credit card:** Please charge \$30 to ☐ VISA ☐ Mastercard

Card number: Exp: /

Cardholder's name: _____ Cardholder's signature: _____

Please complete this application form and return it to Fitness Australia by mail Level 3, 180 Albert Rd, South Melbourne VIC 3205 or fax to 1300 734 613

Please note, if changes or additions have been made to the original program content and delivery, a re-submission and full review of the program will be required.