



# SPORTS TRAINER COVERAGE

## EXPRESSION OF INTEREST

### **CONTACT DETAILS:**

Name: .....

Address: .....

Phone (Preferred): .....

Email: .....

### **QUALIFICATIONS:**

SMA Level 1 Sports Trainer:      **Y**     **N**     Expiry Date:.....

SMA Level 2 Sports Trainer:      **Y**     **N**     Expiry Date:.....

HLTAID001 – Provide CPR:        **Y**     **N**     Expiry Date:.....

HLTAID003 – Provide First Aid:   **Y**     **N**     Expiry Date:.....

SMA Sports Trainer Membership   **Y**     **N**     Expiry Date:.....

Working with Children Check:    **Y**     **N**     Expiry Date:.....

ABN:                                        **Y**     **N**     Number:.....

### **AVAILABILITY:** (Please specify the times that you are available)

Monday to Friday: .....

Saturday: .....

Sunday: .....

Please detail your First Aid and Sports Trainer Experience below (please include dates, organisations/clubs, responsibilities, etc.)

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*Please note: for all SMA Sports Trainer accreditations to remain current you must ensure that your HLTAID001 – Provide CPR (completed within past 12 months), HLTAID003 – Provide First Aid (completed within past 3 years) are current and up to date. For Level 2 Sports Trainers, you must also hold a current PUAEME004 – Provide Emergency Care for Suspected Spinal Injury (completed within past 12 months) accreditation.*

Please return this form to Sports Medicine Australia at [sportscoverage@sma.org.au](mailto:sportscoverage@sma.org.au)  
or call 1300 711 211 for any queries regarding Sports Trainer Coverage