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:.....

As a Sports Trainer you will be required to have a Sports Trainer Kit (fully stocked) for every coverage event you are rostered on for.

Do you have a Sports Trainer Kit: **Y** ☐ **N** ☐

If no, would you like SMA's assistance in organising a Sports Trainer Kit: **Y** ☐ **N** ☐

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 sportscoverage@sma.org.au with **evidence** of current qualifications or call 1300 711 211 for any queries regarding Sports Trainer Coverage