

# 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:.....

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

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

### **Event of Interest:**

UniSport Nationals – Gold Coast (25<sup>th</sup> September – 1<sup>st</sup> October, 2021)

Australian Masters Games – Perth (9<sup>th</sup> – 16<sup>th</sup> October, 2021)

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

.....

.....

.....

Please return form to [sportscoverage@sma.org.au](mailto:sportscoverage@sma.org.au)