

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:

Kanga Cup – Canberra (4th – 9th July)

Availability:

4th July 5th July 6th July 7th July 8th July 9th July

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

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