

UNISPORT NATIONALS

SPORTS TRAINER EVENT COVERAGE

EXPRESSION OF INTEREST



CONTACT DETAILS

Name: _____

Address: _____

Phone: _____

Email: _____

QUALIFICATIONS

SMA Level 1 Sports Trainer: Y N Expiry date: _____

SMA Level 2 Sports Trainer: Y N Expiry date: _____

HLTAID009 - Provide CPR: Y N Expiry date: _____

HLTAID011 - Provide First Aid: Y N Expiry date: _____

SMA Sports Trainer Associate or SMA Member: Y N Renewal date: _____

Working with Children Check or Blue Card: Y N Expiry date: _____

ABN: Y N Number: _____

Please detail your First Aid and Sports Trainer Experience below, including dates, responsibilities, organisations/clubs etc.

DATE AVAILABILITY (Sept 2024)

Sat 7th Sun 8th Mon 9th Tue 10th Wed 11th Thu 12th Fri 13th

NOTE:

- **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.**
- **All travel and accommodation costs will be at the Sports Trainer's expense.**

Please return this form to zeb.pawlowski@sma.org.au with **evidence of current qualifications** or call 1300 711 211 for any queries regarding Sports Trainer Coverage.