

**Fitness/Training Licence Application Form**

**Your Details**

|  |  |
| --- | --- |
| Name of organisation |  |
| Organiser/Managers name |  |
| Address including postcode |  |
| Invoice address and postcode  *(if different from above)* |  |
| Landline telephone number |  |
| Mobile telephone number |  |
| Email address |  |

**Session Details**

|  |  |
| --- | --- |
| Please detail the type of activity you will be hosting e.g personal trainer, group training. Please be as descriptive as possible: |  |
| Location details:  Please give as much detail as possible about which site and the exact position within the site that you wish to utilise. If possible, attach a map with the location clearly indicated, make sure you indicate the amount of space (in square metres) you will need for your activity:  **Please note, we do not allow fitness training in Clarence Park** |  |
| COVID-19 – All training sessions on St Albans City and District Council land must abide by the latest government guidance on social distancing. Please provide details how you are going to operate in the current situation |  |
| Type of Licence you are applying for:   * Group * Individual * Group and Individual |  |
| Proposed session start date |  |
| Number of sessions per week |  |
| Session(s) day and time(s) |  |
| Approximate number of clients expected to attend each session |  |
| Please indicate whether your clients will be:   * Adults * Children (under 16yrs)   *You will need to provide evidence of DBS clearance for your application to be processed* |  |
| How much will you be charging clients per session? |  |
| There is a one off administration fee £100 for all Licences. The annual fee will depend on the number of sessions per week and number of clients attending each session |  |
| What parking arrangements will be made with session attendees? |  |

Please confirm that the following documents are either attached to your application or will be provided at least four weeks prior to the start of your training session. Failure to comply may result in the council refusing to grant permission for your training session.

|  |  |  |
| --- | --- | --- |
|  | **Attached** | **To Follow** |
| Evidence of Public Liability Insurance (£2-5m) |  |  |
| Evidence of Fitness Qualifications and REPS level 3 status or equivalent |  |  |
| A signed and dated Risk Assessment for specific park to cover your sessions |  |  |
| Evidence of First Aid training/certificate |  |  |
| A brief written policy on your emergency procedures (First Aid, Accident Reporting) |  |  |
| Passport sized photo for inclusion on your Fitness Permit |  |  |

**Privacy Notice**

This privacy notice explains how St Albans City & District Council (the Data Controller) will use any personal information we collect about you when you use our services.

We will use your information for the purposes we have set out; keep it securely; destroy it when we no longer need it; tell you the rights applicable to this personal information and how to exercise them; tell you who to complain to.

All this information is set out in full on the privacy notice on our website located <https://www.stalbans.gov.uk/council-and-democracy/departmentsPoliciesPlans/data-protection/General%20Data%20Protection%20Regulation.aspx>. Please read the privacy notice for more details.

**I agree to the conditions set out above**

Signed……………………………………………………………………………..

Print name.……………………………………………………………………..

Date………………………………………………………………………………..

Please email completed form to: [estates@stalbans.gov.uk](mailto:estates@stalbans.gov.uk)