



PERSONAL TRAINING PERMIT APPLICATION FORM

Casey Community Local Law 2025

OVERVIEW

This application form is for obtaining a permit to conduct personal training or group exercise sessions on Council land or reserves.

Excluded Areas:

The following locations are not available for training:

- Playgrounds (public exercise equipment accepted)
- Picnic and BBQ facilities
- Garden beds, vegetation, fencing, park furniture and structures, memorials, shrines, public art
- Environmentally sensitive areas, cemeteries, stairways, public footpaths
- Areas without suitable lighting when not in daylight hours, high-profile parks, sporting surfaces

Application for Signage

Under Clause 55 (2) of the Casey Community Local Law 2025, a permit is required to place any sign (including an advertising sign) in or on a public place, reserve, Council land or road.

Applicants are responsible for obtaining additional permits as required.

APPLICATION FEES

Application fee: \$155.00 (non-refundable and payable at time of application)
Yearly Permit Fee: \$155.00

LODGEMENT



EMAIL:
caseycc@casey.vic.gov.au



MAIL:
City of Casey
PO Box 1000,
Narre Warren, VIC 3805



IN PERSON:

Bunjil Place Customer Service
2 Patrick Northeast Drive, Narre Warren

Cranbourne Customer Service
Shop 61, Cranbourne Park Shopping Centre
Refer to the City of Casey for Opening Hours

Contact the City of Casey:

Web: casey.vic.gov.au
Email: caseycc@casey.vic.gov.au
Phone: 03 9705 5200
Post: PO Box 1000, Narre Warren VIC 3805
NRS: 133 677 (for the deaf, hearing or speech impaired)

Customer Service Centres:

Narre Warren: Bunjil Place, Patrick Northeast Drive
Cranbourne: Cranbourne Park Shopping Centre
ABN: 43 320 295 742



TIS: 131450 (Translating and Interpreting Service) المترجم الفوري 翻译 مترجم شفاهى ਦੁਬਾਰੀਆ කෘතම පරිවර්තක

CASEY.VIC.GOV.AU

PAYMENT METHODS



Online

www.casey.vic.gov.au/payments



By Phone

Visa And Mastercard payments only

Call 1300 665 200 to make your payment

By Mail (cheque or Money Order only)

Send the payment slip with your cheque or Money order payable to 'City of Casey'

Mail to:

City of Casey
PO Box 1000
Narre Warren VIC 3805



In Person

Bunjil Place
2 Patrick Northeast Drive
Narre Warren VIC 3805

Cranbourne Customer Service
Shop 61, Cranbourne Park Shopping Centre
Cranbourne VIC 3977

Refer to the City of Casey website for opening hours

APPLICATION REQUIREMENTS:

To be eligible for a permit, you must provide certain information specified in this checklist. Not providing the information will result in a delay or non-approval of your permit application.

- ☐ **Applications must be submitted at least 14 days before the requested permit date.**
- ☐ **A copy of your Public Liability Insurance policy**

All applicants must hold the appropriate public liability insurance with a minimum coverage of \$20M.

Obligation to Insure

The Permit Holder shall at all times during the agreed Term, be the holder of a current Public Liability Policy of Insurance ("The Public Liability Policy") in respect of the activities specified herein in the name of the Permit Holder providing coverage for a minimum sum of \$20M (or more). The Public Liability Policy shall cover such risks and be subject only to such conditions and exclusions as are approved by the Council and shall extend to cover the Council in respect to claims for personal injury or property damage arising out of the negligence of the Permit holder.

Councils indemnity

The Permit Holder agrees to indemnify and to keep indemnified, the Council, its servants and agents, and each of them from and against all actions, costs, claims, charges, expenses, penalties, demands and damages whatsoever which may be brought or made or claimed against them, or any of them, in connection with the Permit Holders performance or purported performance of its obligations under this Permit and be directly related to the negligent acts, errors or omission of the Permit Holder. The Permit Holders liability to indemnify the Council shall be reduced proportionally to the extent that any act or omission of the Council, its servants or agents, contributed to the loss or liability.

- ☐ **Professional Indemnity**

The operator, at all times during the agreed term, is required to be the holder of a current professional indemnity insurance policy ("the professional indemnity policy") in respect of the activities specified in the application, in the name of the operator providing cover for a minimum of \$5 million.

- ☐ **Eligibility to provide Commercial Health and Fitness activities**

- Certified copy of registered business name and ABN
- Certified copy of First Aid

APPLICATION DECLARATION:

By lodging this application, you declare that:

- You are the applicant or are authorised by the applicant to lodge this application.
- The information provided in this application form and all attachments is true and correct. You understand it is an offence to provide false information and penalties apply.
- If the permit is granted, you will comply with all permit conditions and the *Casey Community Local Law 2025*.

PRIVACY STATEMENT:

City of Casey is committed to protecting your privacy. Your personal information will be handled in accordance with the *Privacy and Data Protection Act 2014*. All personal information collected by the City of Casey will only be used for the purpose outlined within our Privacy Policy. Council's Privacy Policy is available from our website www.casey.vic.gov.au and all Council Customer Service Centres. For further information about how Council manages and uses your personal information or how you can access and/or amend your personal information please contact Council's Privacy Officers via our website www.casey.vic.gov.au or by calling on **9705 5200**.

APPLICANT'S DETAILS

Registered Name (sole trader, company or organisation):	ABN:
Registered business street address (PO boxes not accepted):	
Suburb:	Postcode:
Name of contact person:	Title/role of contact person:
Mobile:	Telephone:
Email:	

PLANNED ACTIVITIES DETAILS

Type of training:		
Equipment to be used:		
Proposed Location:		
Training Days/Times		
Day of Week	Start Time (incl. set-up)	Finish time (incl pack-up)

CREDIT CARD AUTHORISATION

CARDHOLDER'S DECLARATION

I declare that I am the authorised cardholder of this credit card and understand it is an offence to provide false information and penalties apply.

CREDIT CARD DETAILS:	
Type of credit card	
☐ Mastercard	☐ Visa
Name of Cardholder:	
Contact Phone (business hours):	
Card Number:	
Expiry Date:	CCV:
Amount (\$):	