



REPs Registration Application Form 2014-2015



- ! IMPORTANT – Please read this before you start.**
To successfully complete your application, you **MUST HAVE** the following before you start. Any missing parts will delay the processing of your application
- ✓ Fitness Education Certificates**
Entry level and most relevant certificate & degree transcript (if applicable) to be submitted. You can also submit your current fitness industry specific CV which will help with the application process if provided.
- ✓ Passport Size Photo** required for ID card.
- \$ Payment – Dhs 400 per Year**
Before REPs can complete your application, payment must be made.
Cash or Cheque

Registration Period:

Registration period is for 12 months and expires on the last day of the month of REPs certification.

Section 1: Personal Details

IMPORTANT: * INDICATES FIELDS WHICH ARE MANDATORY FOR THIS SECTION. INCOMPLETE INFORMATION WILL DELAY PROCESSING.

First Name*

Last Name*

Gender*

Nationality*

Date of Birth*

City of Current Residence*

Email Address*

Email Address (work)

Phone (mobile)*

Passport size photo* (please attach to application form)

Section 2: Current Job Title



Section 3: Your Workplace

List all exercise facilities you operate from (including branch names) if you operate from a facility.*

Section 4: Level of Registration

Please check (✓) the level(s) of registration for which you are applying. REPs will determine your final level based on certificates provided.

Level 1	Level 2	Level 3
<input type="checkbox"/> (a) Assistant Instructor	<input type="checkbox"/> (a) Group Fitness Instructor	<input type="checkbox"/> (a) Personal Trainer
	<input type="checkbox"/> (b) Group Fitness Instructor (Freestyle)	<input type="checkbox"/> (b) Pilates Instructor
	<input type="checkbox"/> (c) Gym Instructor	<input type="checkbox"/> (c) Yoga Instructor
	<input type="checkbox"/> (d) Aqua Fitness Instructor	

Section 5: Fitness Education Certificates

IMPORTANT: In all cases, please attach copies of completion certificates and/or a transcript detailing course/degree outline.



Name of Course(s) / Qualification	Course Provider / Name of Institution	Date Completed (month and year)

Section 6: Payment Details

☐

Cash / Credit Card

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Cheque



We accept cash/credit card in our office at
Gold & Diamond Park, Bldg. 7 Office 218
Sunday – Thursday 10:00AM – 05:00PM

Beneficiary Name: REPs UAE

Section 7: Terms and Conditions

I wish to apply for REPs registration and agree (**please read carefully**):

- To follow the REPs Code of Ethical Practice (a copy can be downloaded at www.repsuae.com) and to be bound by any REPs complaints process.
- That all information provided on this form is accurate and true.
- That REPs has permission to contact any third party to verify any details of my registration application. To also allow to pass on any contact details to third parties that provide services, and for them to contact me.
- To undertake any audits or reviews REPs may undertake to verify my level of registration and/or competencies.
- To allow REPs to disclose to third parties my registration status, and any reasons for non-registration.
- To undertake any identified training or assessment at my own cost, which REPs recommends as needed to gain entry on to REPs Register.
- To make payment of the registration fee to REPs, payment is for application, not acceptance. Refunds are not given for unsuccessful registrations.
- That all online forms completed in my name that correctly provide my date of birth and email address will be binding.
- To undertake sufficient ongoing education (Continuing Professional Development). Currently 10 CPD Points are required each registration year.
- To maintain a current email address at all times, and receive all email communications from REPs.
- All payments for registration are for 12 months from the date of certification, and refunds are not given for change of mind, unsuccessful registration, or failure to meet registration standards.
- This agreement is between the applicant as detailed in section 1, and the UAE Register of Exercise Professionals limited.

By signing here I agree to the terms and conditions above

Signed:

Date:

Submitting your application

PLEASE SUBMIT YOUR COMPLETED APPLICATION (PAGES 1 TO 3) TO REPS IN THE FOLLOWING WAYS:

Office Address:

REPs UAE

Gold and Diamond Park

Bldg. 7 Office 218

Al Quoz Industrial, Dubai

United Arab Emirates

Email and scan (jpg):

info@repsuae.com

Section 8: REPs Registered Initial Training Providers

The following Training Providers are recognized by REPs to meet the qualification component of REPs registration.

TRAINING PROVIDER	WEBSITE	TEL. NO. / EMAIL
BFIT / IFPA	www.bfit-me.com	+971 50 4520944
Career Sports Fitness Academy	www.careersport.net	+971 4 391 4704
Eta Dubai	www.etacollege.com-eta-dubai	+971 4 422 5338
Impact British Training Solution	www.impactbts.com	+971 50 521 6590
MEFITPRO	www.mefitpro.com	+971 4 323 3232
Premier Training (Fidelity)	www.premierglobal.co.uk	+971 4 392 8121
The Fitness Collective	www.fitnesscollective.com	+971 56 7593563