

This is an important document, please complete in **BLOCK CAPITALS** and check all details before posting

**SECTION 1: PERSONAL DETAILS** (REFER TO REVERSE FOR FURTHER INFORMATION)

REPs REGISTRATION NUMBER: **R 0 0**

Title (please tick): Mrs  Ms  Miss  Mr  Other  Date of Birth dd/mm/yy

Surname:

First Name:

Current Address:

Postcode:

Telephone (Daytime):

Email:

Employer Name:

Club Where You Work:

Job Title:

**SECTION 2: INSURANCE REQUIREMENTS** (REFER TO REVERSE FOR FURTHER INFORMATION)

MEMBERS OF THE REGISTER ARE REQUIRED TO HOLD A MINIMUM OF £5 MILLION CIVIL LIABILITY INSURANCE

- I WILL PURCHASE INSURANCE THROUGH REPs (if you are aware of any incidents that have or are likely to give rise to claim in the future you must report these to your existing Insurers prior to lapsing your current policy)
- I HAVE MY OWN INSURANCE POLICY (please photocopy policy and include with submission)  
*To comply with the REPs Code of Ethical Conduct the insurance policy must be maintained for the entire duration of the membership period. You must notify the Register immediately in the event of the insurance policy expiring prior to the end of your current membership period.*
- I AM INSURED THROUGH MY EMPLOYER AND AN AUTHORISED SIGNATORY HAS COMPLETED BELOW  
*To comply with the REPs Code of Ethical Conduct you must remain insured for the entire duration of the membership period and notify the Register immediately in the event of such cover expiring prior to the end of your current membership period.*

Name of Signature:  Organisation:

Authorised Signature:  Position:

Jardine Lloyd Thompson Leisure. A division of Thistle Insurance Services Limited. Lloyd's Broker. Authorised and Regulated by the Financial Services Authority. A part of the Jardine Lloyd Thompson Group. Registered Office: 6 Crutched Friars, London EC3N 2PH. Registered in England No. 338645. VAT No. 244 2321 96. SkillsActive Services Ltd is an Appointed Representative of Thistle Insurance Services Limited.

**SECTION 3: PAYMENT & SIGNATURE** (REFER TO REVERSE FOR FURTHER INFORMATION)

<b>PACKAGE 1</b>	RE-REGISTRATION	£ 27.00	£
<b>PACKAGE 2</b>	RE-REGISTRATION + £5 MILLION INSURANCE	£ 82.00	£
<b>PACKAGE 3</b>	RE-REGISTRATION + £5 MILLION SPORTS CONDITIONING INSURANCE	£ 122.00	£
<b>OPTIONAL</b>	INCREASED COVER OF £10 MILLION	£ 15.00	£
<b>TOTAL PAYMENT DUE:</b>		<input type="text"/> £	

Note: Insurance commences upon acceptance upon the Register - Premiums include a small administration fee. A full breakdown of cost and fees is detailed in the accompanying document entitled Insurance Information. The whole fee will go to SkillsActive Services Ltd - Insurance is for individuals not businesses - Insurance is for UK residents (i.e. have a UK home address)

If you wish to pay by credit or debit card, please fill out your details at the bottom of the page. Cheques made payable to REPs

Signed:  Date:

Please post, with enclosures and payment to:

**The Registrar**  
**The Register of Exercise Professionals**  
**3rd Floor, 8-10 Crown Hill, Croydon, Surrey, CR0 1RZ**

Credit/Debit Card:

Expiry Date:     Start Date:     Issue Number (Debit Cards Only):

## RE-REGISTRATION CHECKLIST

Before submitting your re-registration please ensure you have read the information below and completed the following:

PERSONAL DETAILS:  PHOTOCOPIES OF NEW QUALIFICATIONS:  LETTER OF AUTHENTICITY (see further information below) :   
COPY OF INSURANCE POLICY OR EMPLOYER CONFIRMATION:  PAYMENT:

### SECTION 1: PERSONAL DETAILS

Please make any amendments to your personal details

We will use your e-mail address to send you REPs information only concerning CPD, our conventions and events, news items, special offers, job opportunities, and some other REPs products and services. We do not release your personal information to any third party.

### SECTION 2: INSURANCE REQUIREMENTS

All members of the Register above Student Level are required to hold a minimum of £5 million Civil Liability insurance which covers your legal liability for death, injury or illness to others and loss of, or damage to, third party property - you can increase this cover to £10 million by making the optional additional payment.

Please indicate overleaf whether you wish to purchase REPs Insurance, if you have your own insurance policy (please photocopy and include with submission) or if you are insured through your employer an authorised signature i.e. owner, manager, must complete the section overleaf.

### SECTION 3: PAYMENT & SIGNATURE

Registration with REPs is on an annual (12 month) basis.

If you would like RE-REGISTRATION ONLY please select [Package 1](#)

If you would like RE-REGISTRATION & INSURANCE (£5 million) cover please select [Package 2](#)

If you would like RE-REGISTRATION and INSURANCE to cover sports/soft tissue massage (available to Level 3 registered instructors only) please select [Package 3](#)

You also have the option to select INCREASED COVER OF £10 MILLION to increase the level of Civil Liability insurance cover.

If you prefer to make payment by cheque, please make payable to REPs.

### In signing overleaf you agree to abide by the following...

#### Code of Ethical Conduct

All members of the Register are bound by our Code of Ethical Conduct and when you are first admitted to the Register we will send you your own copy for safe-keeping. A version of the Code is also available in Welsh upon request. By signing this application form you agree to abide by the Code of Ethical Conduct and to uphold the core values and principles of working in the exercise and fitness industry.

#### Continuing Professional Development - CPD

Members of the Register must be able to demonstrate that they remain in good 'professional standing' by engaging in appropriate Continuing Professional Development (CPD) activities.

#### Public Register through the Members Directory

REPs is a Public Register and all members will be listed in the Members Directory on our website enabling the public, employers and others to verify your qualification and status of registration.

### FURTHER INFORMATION

#### Updates to your Categories of Registration

Any updates to your registration will not be processed until we have received adequate supporting documentation and evidence including PHOTOCOPIES of all relevant **Awarding Organisation certificates** (do not send the originals) and a LETTER OF AUTHENTICITY from a responsible person (Manager, Doctor, Teacher etc). Newly qualified HE Degree holders **MUST** also submit a completed HE FORM available for download from the 're-reg and insurance' section of the members area of our website.

#### RE-Registration Process

We aim to process your re-registration within 21 days of receipt and we will post out your updated membership card and other materials. Overseas / older qualifications may take longer to be assessed.

#### Postage

Please ensure you use the correct postage. Post Office charges have been changed for weights and different sized envelopes.

Replacement Cards / Certificates

Replacement Cards / Certificates are charged at £10.

# REGISTER OF EXERCISE PROFESSIONALS RE-REGISTRATION CHECKLIST



RETURN ALL COMPLETED APPLICATIONS TO;  
REGISTER OF EXERCISE PROFESSIONALS  
3RD FLOOR  
8-10 CROWN HILL  
CROYDON  
SURREY  
CR0 1RZ

<p><b>RE-REGISTRATION FORM</b> (Please complete all sections of the Registration Form)</p>	<p>completed ✓</p>
<p><b>Section 1: PERSONAL DETAILS</b> Please complete all sections in CAPITAL letters. Date of Birth is mandatory and we are unable to process applications without this information.</p>	<p><input type="checkbox"/></p>
<p><b>Section 2: INSURANCE CONFIRMATION</b> All members above student level are required to hold a minimum of £5 million Civil Liability Insurance. Please confirm</p> <ul style="list-style-type: none"> <li>• You have your own insurance - <b>include a photocopy of the policy</b></li> <li>• You are covered by your employers insurance - <b>authorised signatory to sign where required</b></li> <li>• You wish to undertake REPs insurance - <b>make payment and read these enclosures:</b> <ul style="list-style-type: none"> <li>• Important Customer Information. This details the terms and conditions upon which we arrange your insurance policy, it is important that you take the time to read this especially the sections entitled: <ul style="list-style-type: none"> <li>- <i>Whose products and what service do we offer?</i></li> <li>- <i>How are we paid?</i></li> <li>- <i>Information that you provide to us</i></li> </ul> </li> </ul> </li> <li>• Insurance Information</li> </ul>	<p><input type="checkbox"/></p>
<p><b>Section 3: PAYMENT &amp; SIGNATURE</b> Select your package:</p> <ul style="list-style-type: none"> <li>• <b>Package 1:</b> RE-Registration Only</li> <li>• <b>Package 2:</b> RE-Registration and £5 million Insurance</li> <li>• <b>Package 3:</b> RE-Registration and £5 million Insurance to cover instructing and soft tissue/sports massage</li> </ul> <p>You also have the option to select INCREASED COVER OF £10 MILLION to increase the level of Civil Liability insurance cover.</p> <p><b>Make Payment</b></p> <ul style="list-style-type: none"> <li>• Credit Card - <b>insert details</b></li> <li>• Cheque - <b>attach cheque made payable to 'REPs'</b></li> </ul> <p><b>SIGNATURE</b> Please sign and date the Registration Form.</p> <p>In signing overleaf you are agreeing to abide by the Code of Ethical Conduct. A copy of which will be sent to you upon admission to the Register</p>	<p><input type="checkbox"/></p>
<p><b>SUPPORTING DOCUMENTATION FOR UPDATES</b></p>	
<p><b>PHOTOCOPIES OF AWARDING ORGANISATION CERTIFICATES</b></p> <ul style="list-style-type: none"> <li>• DO NOT send originals. REPs will only accept photocopies Awarding Organisation certificates.</li> <li>• HE Degree holders MUST also send a completed HE form available for download from our website <a href="http://www.exerciseregister.org">www.exerciseregister.org</a></li> </ul>	<p><input type="checkbox"/></p>
<p><b>LETTER OF AUTHENTICITY</b> This is a letter from a responsible person, i.e. Manager, Doctor, Teacher etc to confirm that they have seen original copies of awarding organisation certificates</p> <p>A template is available for download from our website <a href="http://www.exerciseregister.org">www.exerciseregister.org</a></p>	<p><input type="checkbox"/></p>
<p><b>COPY OF INSURANCE POLICY</b> If not undertaking REPs Insurance or covered by your employer (see Section 2 above)</p>	<p><input type="checkbox"/></p>