

APPENDIX B

APPLICATION FORM FOR PERMIT TO OPERATE FITNESS TRAINING CLASSES ON PORTSMOUTH CITY COUNCIL OWNED LAND

Applicant details	Enter details below	Documentation required
Name		
Address		
Postcode		
Telephone number		
Email address		
Professional qualification(s)		Proof required
Trading name		
Date formed		
Professional indemnity (min. £5M public liability)		Proof required
Accredited sports organisation(s) membership number		Proof required
Requested location of operation		Attach map if necessary
Requested permit period (maximum 12 months)		
Description of proposed fitness class, including type of sessions available and days and times of use		
Maximum number of clients per session		
Risk / method statement for proposed activity		Attach copy
Code of conduct		Attach signed copy

