



## MASTER TRAINER APPLICATION FORM

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E Mail Address: \_\_\_\_\_

### QUALIFICATIONS AND CERTIFICATIONS

Qualifying organization:	Course name: Year:
Qualifying Organization:	Course Name: Year:
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### PROFESSIONAL LIABILITY INSURANCE

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

CPR Expiry Date: \_\_\_\_\_

Must submit valid CPR Card with Application

PROFESSIONAL TEACHING EXPERIENCE

**Years of Teaching Experience:** Please Explain in Detail

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**Tell us WHY You Want to be a Human Trainer Master Trainer and HOW you would make a great addition to the team:**

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Please submit your Application with a brief 5-minute video of you in a teaching or coaching environment that showcases your communication and movement skills. This video should be an MPEG or similar format.

REFERENCES

Name: \_\_\_\_\_

Title and Company: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Phone and E mail

Name: \_\_\_\_\_

Title and Company: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Phone and E mail

Name: \_\_\_\_\_

Title and Company: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Phone and E mail \_\_\_\_\_

## The Scope of Work

You are required to actively promote and engage courses in your territory, and out of your area, if necessary. You may pass along courses set up in different locations if you are not available to teach them yourself. You will not have any guaranteed hours of work, you may be offered courses by Human Trainer as and when Human Trainer requires. You are under no obligation to accept any offer of work nor is Human Trainer obliged to actually offer any work. You may be required to work subject to the demands of the service. You are required to available these services for a full calendar year from the date of application approval, but Human Trainer is under no obligation to offer any actual work within this twelve month period. Human Trainer can at any time, “drop in” to observe your skills while teaching any of its approved courses.

As a **Human Trainer Master Trainer**, you are responsible as directed, for the provision of an excellent customer service experience during any course involving the Human Trainer brand<sup>®</sup>. You are required to maintain good standing as a Continuing Education Provider through the leading provider in Canada (CanFitPro), and International Providers you are affiliated with. Other provider status is appreciated but not required.

You are responsible for the scheduling of an event. When at an event, you must communicate sufficiently with the facility director to ensure a good Brand experience, which includes, but is not limited to, the following:

- Marketing to promote any event with the Human Trainer
- REFERRALS to regional distributor’s website for the purchase of any Human Trainer products
- Communication with club director to: minimums/maximums, set date, set numbers, contact for registrations, payments
- Enough participation numbers to run a class
- Enough equipment to run an effective class and ensuring that there is an appropriate anchoring system available for each piece of equipment
- Music system and microphone to teach with (microphones should be provided by Course Conductors themselves)
- Towels and water encouraged (whether the club or the participants provide it, it should be there)
- Room space sufficient to provide a good experience with Human Trainer<sup>®</sup> Brand
- Information for Food options in the area if not directly available in the location you are teaching

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During the Course you are responsible for the efficacy of the fitness routine, so that all attendees are safe by offering level appropriate workout options for each individual. It is the individual's responsibility to take these options or not.

By Signing below, I agree to the terms and conditions listed above, for a HUMAN TRAINER MASTER TRAINER.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name: (PRINT)

\_\_\_\_\_

**ATTACHMENTS**

Have you attached all the relevant info required?

Resume     Liability Insurance Certificate     CPR Certification     Video Clip

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

