nib health funds limited
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YOGA TEACHER REGISTRATION

(Please print clearly and complete one form per practice location)

Name of teacher	
ABN	
Practice location	
Postal address *(if different from practice location)*	
Phone number/s	
Email	
Website	

REQUIREMENTS

	Yes	No
1. **Minimum of Level 1 qualifications** and a member of a recognised association.	☐	☐
2. **Professional Indemnity Insurance** to a minimum value of $1,000,000 per claim.	☐	☐
3. **Senior First Aid Certification** or equivalent, provided by a Registered Training Organisation (RTO) is also a requirement of provider registration.	☐	☐

By submitting this application form you confirm your commitment to provide pre-program assessment, monitoring of individual's program and maintain documentation of progress where necessary.

You also consent to nib collecting, using or disclosing your personal information for the purposes set out in the nib Privacy Policy and you agree to abide by the nib Provider Terms and Conditions available on nib.com.au/providers.

Name *(please print)*	
Association details and number	
Signature	***X***

Date ☐☐/☐☐/☐☐☐☐

Please return the completed form to: Provider Relations, Locked Bag 2010, Newcastle NSW 2300

Ask nib

Call us on **1800 175 377**
Mon to Fri: 9am - 5pm (EST)

Fax us on **02 4925 1921**

Email **providers@nib.com.au**