

**HLTA SPORTS TRAINERS ACCREDITATION DETAILS ( Qualifications in *pink* are compulsory to gain HLTA membership)**

**CLUB:**

**YEAR:**

**Name & Position Club Executive:**

**Signature:**

<b>HLTA Sports Trainer/ Physiotherapist details</b>	<b>NAME: Email: Phone:</b>	<b>NAME: Email: Phone:</b>	<b>NAME: Email: Phone:</b>
<b>Sports Medicine Australia Sports Trainers Accreditation (3 yrs.) QMP details:</b>	<b>Level :      Exp date: Accreditation No: Qualification/details:</b>	<b>Level : Exp date: Accreditation No: APA:</b>	<b>Level : Exp date: Accreditation No: APA:</b>
<b>Provide First Aid HLTAID003 <i>Completed every 3 years</i></b>	<b>RTO: Exp date: Cert No:</b>	<b>RTO: Exp date: Cert No:</b>	<b>RTO: Exp date: Cert No:</b>
<b>Provide Cardiopulmonary Resuscitation HLTAID001 <i>Annually or current when renewing year of PFA or PAR.</i></b>	<b>RTO: Exp date: Cert No:</b>	<b>RTO: Exp date: Cert No:</b>	<b>RTO: Exp date: Cert No:</b>
<b>Provide Advanced Resuscitation HLTAID0015 HLTAID009 <i>Completed every 3 years</i></b>	<b>RTO: Exp date Accred/Cert No:</b>	<b>RTO: Exp date Accred/Cert No:</b>	<b>RTO: Exp date Accred/Cert No:</b>
<b>Provide Emergency Care for Suspected Spinal Injury PUAEME004 <i>Completed Annually</i></b>	<b>RTO: Date Issued: Accred / Cert No:</b>	<b>RTO: Date Issued: Accred / Cert No:</b>	<b>RTO: Date Issued: Accred / Cert No:</b>
<b>Provide Pain Management PUAEME005 <i>Completed Annually</i></b>	<b>RTO: Date Issued: Cert No:</b>	<b>RTO: Date Issued: Cert No:</b>	<b>RTO: Date Issued: Cert No:</b>

