Expression of Interest

Redlands Healthy Active Programs (RHAP) Program 2 Closing Date Friday 2 March



SPECIFICATION

Introduction

The Redlands is known for its relaxed coastal lifestyle, strong community values and outstanding cultural and natural attractions.

Redland City Council (RCC) has adopted regionally developed principles that will guide RCC's management of the use of RCC's Public Open Spaces by commercial operators and other groups/organisations. This Expression of Interest (EOI) aims to manage businesses/activities in a manner that balances industry needs, supports safe, physical wellbeing activities, provides protection of natural assets and maintains community access and amenity.

BACKGROUND INFORMATION

The **Redlands Healthy Active Program (RHAP)** is a community based physical activity program managed by Redland City Council. The program aims to build healthier, more vibrant communities and actively engages the broader community (individual residents, local organisations, sporting clubs, the health and fitness industry, schools, government and non-government agencies) to ensure participation, inclusivity and accessibility.

The RHAP activates the use of public open space, community venues and facilities to reduce barriers to participation in physical activity that may otherwise prevent the community from engaging in regular healthy lifestyle activities. The program demonstrates a commitment by Council to enhance community health and wellbeing by positively contributing to the Redlands quality, lifestyle, attraction and liveability.

The objectives of the RHAP are to:

- build active, engaged and inclusive communities through increased and accessible physical activity opportunities;
- achieve increased levels of physical activity resulting in a healthier Redlands community;
- raise awareness of local sport, active recreation, fitness and wellbeing opportunities to inspire Redlanders of all ages to move more, value their health & be active for life;
- promote inclusiveness and participation for all people to engage in programs and events regardless of age, ability/disability, physical fitness level, cultural background and socioeconomic background.
- activate the use of public open space within the Redlands by utilising parks, foreshore areas, sport & recreation areas and walking paths, trails & boardwalk areas;
- create partnerships with a range of local community, sport & recreation organisations, government agencies and small business providers to assist in program delivery;
- provide opportunities that facilitate program sustainability and encourage lifelong participation in physical activity;
- ensure programs and events reach a wide and balanced target audience across the entire geographical region of Redland City Council
- embrace the excitement and enthusiasm of the Commonwealth Games through a series of active sport and recreation programs;
- inspire the community to become healthier and happier and foster lifelong participation in physical activity.

SCOPE OF SERVICES

In 2018 the RHAP will encourage the Redlands community to embrace the excitement and enthusiasm of the Commonwealth Games through a series of active sport and recreation programs and community events. The program will support activities that deliver community based fitness, sport and physical activity sessions in various locations throughout Redland City in the lead up to, during and after Gold Coast Commonwealth Games 2018 (GC2018).

This EOI is specifically for the **Get Out Get Active and Game On** programs that fall within the RHAP. Key features include:

PROGRAMS

Programs	Date/s	Venue	Target Audience
Get Out Get	Program 1 –22 January to 29	Various Parks and	Women aged 24 to 55+,
Active	March 2018	open space areas	particularly those
(min of 12	Program 2 –16 April	across the City	identifying as inactive
programs)	to 29 June 2018		
Game On	Program 1 –22 January to 29	Various Parks and	Males and Females aged 5
(20 programs)	March 2018	open space areas	to 65+ years, particularly
	Program 2 –16 April to 29 June	across the City	those identifying as
	2018		inactive

TOTAL - A minimum of 16 programs per term in RHAP

The Redlands Healthy Active Program sessions will be:

- Conducted in a 10 week block with session of up to one hour (Term 2 16 April to 29 June, final week is for wet weather and public holidays rescheduling)
- Delivered across all Council divisions, including the Islands
- Free to all participants
- Held on a range of days and times including weekdays, afternoons/evenings and weekends
- Delivered at an appropriate standard and quality, i.e. Low to medium intensity;
- Designed to for a range of ages, genders, skill and ability levels:
- Delivered in a professional and safe manner by appropriately skilled people;
- Planned and delivered to appropriately manage risk; and
- Community orientated with a focus on fun and enjoyment.

Fitness and active recreation activities for the 2018 program may include but are not limited to:

Walking	Yoga	Dance
Pilates	 Mums & Bubs fitness 	 Boxing/Box fit
 Senior fitness 	Trail running	Youth programs
 Group fitness 	 Youth fitness 	 Mountain biking

SCHEDULE OF FEES

A flat rate of \$80 + gst per session (regardless of the activity type) for one session per week of up to a one (1) hour in duration, for a 10 week program block will be allocated to Suppliers.

Council will manage all elements of the program including but not limited to scheduling, venue bookings, promotions, marketing, evaluation and reporting.

SITE OF SERVICE DELIVERY

Activities may be delivered in parks, sport and recreation venues, trails, community centres and private facilities across the Redlands. However, there will be a strong focus on the activation of public open space when considering EOI applications.

Locations may be suggested in your application and this will be considered when evaluating the applications. At least one activity will be held in each of the ten Council divisions.

Please refer to Attachment A for a list of suitable parks, sporting facilities and venues.

STATEMENT OF REQUIREMENTS

Mandatory requirements

- Current qualifications in your specialised field of fitness or health services (proof of qualifications must be provided along with a current one page overview of instructor(s) and business details).
- Must be ABN registered or complete a Statement By Supplier Form (www.ato.gov.au).
- Current \$20 million public liability insurance (copy of your current Certificate of Currency detailing your insurance details must be provided).
- First Aid Certificate (copy of current certificate for each member of staff conducting the classes).
- Blue Card (if applicable)
- Established business or sole trader that currently services the Redlands community

Capability Criteria

- Demonstrated experience in the fitness, sport, recreation, health and wellness industry. Previous or current employment.
- Demonstrated ability over a minimum period of 12 months in delivering weekly or other regular community physical activity classes and success in recruiting and retaining participants.
- Type of activity and suitability.
- Community benefit (provide two points that highlight your involvement in community based fitness, health and/or wellbeing initiatives and services).
- Risk management procedures.

EVALUATION PROCESS	EVALUATION PROCESS					
Offers will be evaluated against the fo	ollowing criteria:					
1. Mandatory Criteria	Current qualifications in a specialised field					
	2. Current \$20 million public liability insurance					
	3. First Aid Certificate					
	4. Blue Card (if activity involves children)					
	5. Local business.					
2. Capability Criteria	Demonstrated experience.					
	2. Ability to deliver.					
	3. Type of activity and suitability.					
	4. Community benefit.					
	5. Risk management procedures.					

EOI APPLICATION FORM (Applicants Offer)

APPLICANTS OFFER

Important Information

This section is the core of the EOI Submission and is known as the Applicant's Offer. Applicants must provide the information requested in the specified format. This is the information that Council will use to evaluate Applicants to achieve the most advantageous offer to Council. Applicants must note that failure to provide the information requested may render their EOI as non-conforming and may result in their offer being ineligible for further consideration at the sole and absolute discretion of Council. Council further reserves the right at its sole discretion to seek clarification and/or additional information from any and/or all individual Applicants or referees where necessary to assist in the evaluation process.

Should the offer submitted be successful, this information will form part of the Contract.

Applicant details						
Permit holder						
Name of person:						
Corporation, business, incorporat	ed association:	ABN:				
Contact 1						
Surname:						
Given names:		Date of birth:				
Postal address:						
Suburb:	State:	Postcode:				
Business phone:	A/H phone:	Mobile:				
Email:						
Preferred method of contact	☐ Email	☐ Post				
for correspondence:	Lindii					
Business/Organisational details						
Business/Organisation trading na	me:					
Postal address:						
Preferred contact person:		Business phone:				
Email:						
Website:						
Social Media Pages:						
Registered for GST:	☐ No Not for Profit:	: □ Yes □ No				
Mandatory Criteria						
1. Qualifications						
List relevant fitness, sporting, coa	ching or industry qualification/s:					

the applicant must be provided. Include any certificates that demonstrate areas of speciality that are relevant to the activity proposed (eg pre and post natal certificate for Mum and Bub activity) Campability Council must be noted as an interested party on the Certificate of Currency and level of cover must be a minimum of \$20,000,000 Name of insurer:	*A copy of relevant fitness in	dustry, professional	or sporting	g qualification	ns issued in the name of
Proposed (eg pre and post natal certificate for Mum and Bub activity)	the applicant must be provide	ed.			
Proposed (eg pre and post natal certificate for Mum and Bub activity)	Include any certificates that of	lemonstrate areas o	f speciality	that are rele	vant to the activity
Redland City Council must be noted as an interested party on the Certificate of Currency and level of cover must be a minimum of \$20,000,000 Name of insured: Has a copy of the Certificate of Currency been attached to the application? 3. First Aid qualifications Current first aid and/or CPR qualifications: *A copy of current first aid certification and/or CPR certificate must be provided 4. Blue Card/ Working with Children Check details Will the applicant be conducting Fitness/Recreation activities with persons under the age of 18 years? Blue card holder name: Sepiry date:	proposed (eg pre and post na	tal certificate for M	um and Bu	b activity)	•
Redland City Council must be noted as an interested party on the Certificate of Currency and level of cover must be a minimum of \$20,000,000 Name of insured: Has a copy of the Certificate of Currency been attached to the application? 3. First Aid qualifications Current first aid and/or CPR qualifications: *A copy of current first aid certification and/or CPR certificate must be provided 4. Blue Card/ Working with Children Check details Will the applicant be conducting Fitness/Recreation activities with persons under the age of 18 years? Blue card holder name: Sepiry date:				• •	
Policy no: Name of insured: Policy no: Name of insured: Expiry date:	2. Insurance – Public Lia	bility details			
Name of insured: Name of insurer: Name of insurer: Name of insurer: Name of insurer: Sexpiry date: * Date certificate will be provided: * Date certificate will be provided. * Date certificate must be provided. * Date c	Redland City Council must be	noted as an interesto	ed party or	the Certifica	te of Currency and level of
Name of insurer: Has a copy of the Certificate of Currency been attached to the application? 3. First Aid qualifications: Current first aid and/or CPR qualifications: *A copy of current first aid certification and/or CPR certificate must be provided 4. Blue Card/ Working with Children Check details Will the applicant be conducting fitness/Recreation activities with persons under the age of 18 years? Blue card holder name: 5. Local Business Is your business located in Redland City Council area? Is your business located in Redland City Council area? Do you currently run activities for the Redlands community? Capability Criteria 1. Demonstrate experience Demonstrate experience in the fitness, sport, recreation and/or health and wellness industry. Outline previous or current employment or volunteer experience EXAMPLE Name of organisation Role Describe role & tasks undertaken Noe Expiry date: * Date certificate will be provided: * Date certificate will be relifications: * Date certificate will be relifications. * Date certificate will be revised to leave provided * Date certificate will be relifica	cover must be a minimum of S	\$20,000,000			
Has a copy of the Certificate of Currency been attached to the application? 3. First Aid qualifications: Current first aid and/or CPR qualifications: *A copy of current first aid certification and/or CPR certificate must be provided 4. Blue Card/ Working with Children Check details Will the applicant be conducting Fitness/Recreation activities with persons under the age of 18 years? Blue card holder name: Expiry date:	Name of insured:		P	Policy no:	
Currency been attached to the application? 3. First Aid qualifications Current first aid and/or CPR qualifications: *A copy of current first aid certification and/or CPR certificate must be provided 4. Blue Card/ Working with Children Check details Will the applicant be conducting Fitness/Recreation activities with persons under the age of 18 years? Blue card holder name: Expiry date: 5. Local Business Is your business located in Redland City Council area? Pres No Do you currently run activities for the Redlands community? Pres No Comment (optional) Capability Criteria 1. Demonstrate experience in the fitness, sport, recreation and/or health and wellness industry. Outline previous or current employment or volunteer experience EXAMPLE Name of organisation Role Describe role & tasks Assess, program and deliver a series of weekly rehabilitative exercise undertaken Condended Louration Role Describe role & tasks Assess program and deliver a series of weekly rehabilitative exercise undertaken Louration Role Describe role & tasks Louration	Name of insurer:		E	xpiry date:	
Currenty been attached to the application? 3. First Aid qualifications: Current first aid and/or CPR qualifications: *A copy of current first aid certification and/or CPR certificate must be provided 4. Blue Card/ Working with Children Check details Will the applicant be conducting Fitness/Recreation activities with persons under the age of 18 years? Blue card holder name: Expiry date:	Has a copy of the Certificate o	f Vos	*	Date certific	ate will be provided:
*A copy of current first aid certification and/or CPR certificate must be provided 4. Blue Card/ Working with Children Check details Will the applicant be conducting Fitness/Recreation activities with persons under the age of 18 years? Blue card holder name: Expiry date:	Currency been attached to the	ا د			
*A copy of current first aid certification and/or CPR certificate must be provided 4. Blue Card/ Working with Children Check details Will the applicant be conducting Fitness/Recreation activities with persons under the age of 18 years? Blue card holder name: Expiry date:	application?	□ NO.			
*A copy of current first aid certification and/or CPR certificate must be provided 4. Blue Card/ Working with Children Check details Will the applicant be conducting Yes - complete below in full Fitness/Recreation activities with persons under the age of 18 years? Blue card holder name: Expiry date: Expiry date: 5. Local Business Is your business located in Redland City Council area? Yes No Do you currently run activities for the Redlands community? Yes No Comment (optional) Capability Criteria 1. Demonstrated experience Demonstrate experience in the fitness, sport, recreation and/or health and wellness industry. Outline previous or current employment or volunteer experience EXAMPLE Name of organisation Ray Sampson Over 50s Centre Seniors Recreation Co-ordinator Describe role & tasks Casses targeted to elderly clients with chronic illnesses. Duration 2015 to present 1. Name of organisation Role Casses targeted to elderly clients with chronic illnesses. Duration 2015 to present 1. Name of organisation Role Casses targeted to elderly clients with chronic illnesses.	3. First Aid qualification	S			
## A. Blue Card/ Working with Children Check details Will the applicant be conducting Fitness/Recreation activities with persons under the age of 18 years? Blue card holder name: Expiry date:	Current first aid and/or CPR q	ualifications:			
## A. Blue Card/ Working with Children Check details Will the applicant be conducting Fitness/Recreation activities with persons under the age of 18 years? Blue card holder name: Expiry date:					
## A. Blue Card/ Working with Children Check details Will the applicant be conducting Fitness/Recreation activities with persons under the age of 18 years? Blue card holder name: Expiry date:					
## A. Blue Card/ Working with Children Check details Will the applicant be conducting Fitness/Recreation activities with persons under the age of 18 years? Blue card holder name: Expiry date:					
## A. Blue Card/ Working with Children Check details Will the applicant be conducting Fitness/Recreation activities with persons under the age of 18 years? Blue card holder name: Expiry date:					
## A. Blue Card/ Working with Children Check details Will the applicant be conducting Fitness/Recreation activities with persons under the age of 18 years? Blue card holder name: Expiry date:	*A copy of current first aid ce	rtification and/or CI	PR certifica	ite must be p	rovided
Fitness/Recreation activities with persons under the age of 18 years? Blue card holder name: Expiry date:				•	
Fitness/Recreation activities with persons under the age of 18 years? Blue card holder name: Expiry date:	-		I	complete belo	ow in full
the age of 18 years? Blue card holder name: Expiry date:		•		•	
Expiry date:		·			
S. Local Business Syour business located in Redland City Council area? Yes No			1	Expiry dat	te:
Is your business located in Redland City Council area? Do you currently run activities for the Redlands community? Comment (optional) Capability Criteria 1. Demonstrated experience Demonstrate experience in the fitness, sport, recreation and/or health and wellness industry. Outline previous or current employment or volunteer experience EXAMPLE Name of organisation Ray Sampson Over 50s Centre Role Seniors Recreation Co-ordinator Describe role & tasks undertaken Louration 2015 to present Louration Role Describe role & tasks undertaken Describe role & tasks undertaken Describe role & tasks undertaken					
Is your business located in Redland City Council area? Do you currently run activities for the Redlands community? Comment (optional) Capability Criteria 1. Demonstrated experience Demonstrate experience in the fitness, sport, recreation and/or health and wellness industry. Outline previous or current employment or volunteer experience EXAMPLE Name of organisation Ray Sampson Over 50s Centre Role Seniors Recreation Co-ordinator Describe role & tasks undertaken Louration 2015 to present Louration Role Describe role & tasks undertaken Describe role & tasks undertaken Describe role & tasks undertaken					
Do you currently run activities for the Redlands community? Yes No	5. Local Business				
Do you currently run activities for the Redlands community? Comment (optional) Capability Criteria 1. Demonstrated experience Demonstrate experience in the fitness, sport, recreation and/or health and wellness industry. Outline previous or current employment or volunteer experience EXAMPLE Name of organisation Ray Sampson Over 50s Centre Role Seniors Recreation Co-ordinator Describe role & tasks undertaken 2015 to present . 1. Name of organisation Role Describe role & tasks undertaken Describe role & tasks undertaken	Is your business located in Red	dland City Council are	ea?		☐ Yes
Capability Criteria 1. Demonstrated experience Demonstrate experience in the fitness, sport, recreation and/or health and wellness industry. Outline previous or current employment or volunteer experience EXAMPLE Name of organisation Ray Sampson Over 50s Centre Role Seniors Recreation Co-ordinator Describe role & tasks undertaken Louration Assess, program and deliver a series of weekly rehabilitative exercise classes targeted to elderly clients with chronic illnesses. Duration Role Describe role & tasks undertaken Describe role & tasks undertaken					□ No
Capability Criteria 1. Demonstrated experience Demonstrate experience in the fitness, sport, recreation and/or health and wellness industry. Outline previous or current employment or volunteer experience EXAMPLE Name of organisation Ray Sampson Over 50s Centre Role Seniors Recreation Co-ordinator Describe role & tasks undertaken Assess, program and deliver a series of weekly rehabilitative exercise classes targeted to elderly clients with chronic illnesses. Duration 2015 to present 1. Name of organisation Role Describe role & tasks undertaken	Do you currently run activities	for the Redlands co	mmunity?		☐ Yes
Capability Criteria 1. Demonstrated experience Demonstrate experience in the fitness, sport, recreation and/or health and wellness industry. Outline previous or current employment or volunteer experience EXAMPLE Name of organisation Ray Sampson Over 50s Centre Role Seniors Recreation Co-ordinator Describe role & tasks undertaken Assess, program and deliver a series of weekly rehabilitative exercise classes targeted to elderly clients with chronic illnesses. Duration 2015 to present 1. Name of organisation Role Describe role & tasks undertaken			•		□ No
Capability Criteria 1. Demonstrated experience Demonstrate experience in the fitness, sport, recreation and/or health and wellness industry. Outline previous or current employment or volunteer experience EXAMPLE Name of organisation Ray Sampson Over 50s Centre Role Seniors Recreation Co-ordinator Describe role & tasks undertaken 2015 to present 1. Name of organisation Role Describe role & tasks undertaken Describe role & tasks undertaken	Comment (optional)				
1. Demonstrated experience Demonstrate experience in the fitness, sport, recreation and/or health and wellness industry. Outline previous or current employment or volunteer experience EXAMPLE Name of organisation Ray Sampson Over 50s Centre Role Seniors Recreation Co-ordinator Describe role & tasks undertaken Lassess, program and deliver a series of weekly rehabilitative exercise classes targeted to elderly clients with chronic illnesses. Duration 2015 to present 1. Name of organisation Role Describe role & tasks undertaken	(
1. Demonstrated experience Demonstrate experience in the fitness, sport, recreation and/or health and wellness industry. Outline previous or current employment or volunteer experience EXAMPLE Name of organisation Ray Sampson Over 50s Centre Role Seniors Recreation Co-ordinator Describe role & tasks undertaken Lassess, program and deliver a series of weekly rehabilitative exercise classes targeted to elderly clients with chronic illnesses. Duration 2015 to present 1. Name of organisation Role Describe role & tasks undertaken	Capability Criteria				
Demonstrate experience in the fitness, sport, recreation and/or health and wellness industry. Outline previous or current employment or volunteer experience EXAMPLE Name of organisation Ray Sampson Over 50s Centre Seniors Recreation Co-ordinator Describe role & tasks undertaken Duration 2015 to present 1. Name of organisation Role Describe role & tasks undertaken Describe role & tasks undertaken		ence			
previous or current employment or volunteer experience EXAMPLE Name of organisation Ray Sampson Over 50s Centre Role Seniors Recreation Co-ordinator Describe role & tasks undertaken Duration 2015 to present 1. Name of organisation Role Describe role & tasks undertaken Describe role & tasks undertaken	-		eation and	or health and	wellness industry. Outline
Ray Sampson Over 50s Centre Role Seniors Recreation Co-ordinator Describe role & tasks undertaken Duration Role Describe role & tasks undertaken Duration Role Describe role & tasks undertaken Duration Role Describe role & tasks undertaken	-	•			,
Name of organisationRay Sampson Over 50s CentreRoleSeniors Recreation Co-ordinatorDescribe role & tasks undertakenAssess, program and deliver a series of weekly rehabilitative exercise classes targeted to elderly clients with chronic illnesses.Duration2015 to present1. Name of organisationRoleDescribe role & tasks undertakenUndertaken					
Role Seniors Recreation Co-ordinator Describe role & tasks undertaken Duration 1. Name of organisation Role Describe role & tasks undertaken Describe role & tasks undertaken		Rav Sampson Over	50s Centre	?	
Describe role & tasks undertaken Duration 2015 to present I. Name of organisation Role Describe role & tasks undertaken					
undertaken classes targeted to elderly clients with chronic illnesses. Duration 2015 to present 1. Name of organisation . Role . Describe role & tasks undertaken .					
Duration 2015 to present					
1. Name of organisation Role Describe role & tasks undertaken			2.2.2		
Role Describe role & tasks undertaken	_ 3.3.0.0.				
Role Describe role & tasks undertaken	1. Name of organisation				
Describe role & tasks undertaken					
undertaken					
	Duration				

2. No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	
2. Name of organisation	
Role	
Describe role & tasks	
undertaken	
Duration	
3. Name of organisation	
Role	
Describe role & tasks	
undertaken	
Duration 2 Ability to Police	
2. Ability to Deliver	wining on a sign of 12 are sales) in delicenting overable, on althous an allege
1	ninimum period of 12 months) in delivering weekly or other regular asses/sessions and success in recruiting and retaining participants.
Name of class/session	Seniors fitness & rehabilitation class
Average number of	Average of 25 seniors who have chronic injury or illness. Males and
participants & demographics	females ranging from 50 to 80 years
Length of time delivering	
class/session	Weekly classes since 2015. Classes have been running for 3 years
Recruitment & retention of	Class averages at least 20 people each week. New participants
participants	referred from local GPs, residents group & village office staff.
Overall, how many years	
have you been running this	
activity?	
1. Name of class/session	
Average number of	
participants & demographics	
Length of time delivering	
class/session	
Recruitment & retention of	
participants	
2. Name of class/session	
Average number of	
participants & demographics	
Length of time delivering	
class/session	
Recruitment & retention of	
participants	
Referees	Provide details of two referees below
Name of Referee	
Relationship to you	
Contact Number	
Referee 2	
Neielee 2	

Relationship to you	
Contact Number	
3. Type of Activity (Your	proposed activity for RHAP)
Detail the type of the propose	d activity and suitability.
1. Activity/Program name	
Description of activity (explain activity in detail)	
Proposed delivery times (day/dates/times)	
Proposed location/venue & address	
What is the maximum number of participants?	
Will people need to book for the activity?	
Is the activity for specific groups (tick all that apply)	 □ Aboriginal & Torres Strait Islanders □ Older people (over 55 years) □ Adults (aged 18 -55 years) □ Women only □ Children □ Culturally & Linguistically Diverse (CALD) □ People With Disabilities (PWD) □ Other (please provide details below):
Is your activity inclusive and/ (E.g. Carers welcome, caters for a provide details:	or accessible to people living with a disability? If so please detail below or specific requests)
2. Activity/Program name	
Description of activity (explain activity in detail)	
Proposed delivery times	
(day/dates/times)	
Proposed location/venue & address	
What is the maximum	
number of participants?	
Will people need to book for the activity?	
Is the activity for specific	☐ Aboriginal & Torres Strait Islanders

Is your activity inclusive and/ or accessible to people living with a disability? If so please detail below (e.g. Carers welcome, caters for specific requests)

Provide details:

4. Community Benefit

Community benefit (provide two points that highlight your involvement in community based fitness, health and/or wellbeing initiatives and services).

FOR EXAMPLE: You may offer your services to help local schools, community groups or disadvantaged groups by assisting with fundraising initiatives or community events/activities.

groups of account grown and	
Type of community service	Delivered a series of free community arthritis management workshops
	at local aged care facilities for residents from 2015 to present
Who is the service targeted	Male and female elderly residents aged 55 years + suffering from
at	arthritis, carers and aged care workers and staff.
How long did you offer the	
service	4 workshops per year over a 3 year period from 2015 to present
	•
1. Type of community	
service	
Who is the service targeted	
at	
How long did you offer the	
service	
2. Type of community	
service	
Who is the service targeted	
at	
How long did you offer the	
service	

5. Risk Management Procedure

Detail your risk management procedure/process in relation to undertaking the proposed services.

Please refer to the Sample Risk Assessment template for Fitness Businesses developed by Fitness Australia Limited. This risk assessment template is to be used as a guide only to help identify and assess the significance of potential hazards in the delivery of exercise/physical activity programs & activities.

Please Note: every fitness business, provider or organisation is different, therefore it is important to look for any specific or additional hazards that may apply in your case.

Applications Close Friday 2 March

 $You \ must \ lodge \ Your \ Application \ with \ Council \ by \ emailing \ citysportvenues @redland.qld.gov. au$

Application chec						
	required to be submitted with yo	• •				
•	atement of Supplier form (only if A	ABN is not supplie	ed)			
	ant qualifications					
☐ Certificate of (Currency – Public Liability Insuran	ce				
☐ Copy of First A	Aid certificate					
☐ Copy of Blue C	Card (if applicable)					
☐ Proposed prog	gram schedule (table within)					
☐ Risk Managem	nent Procedure/Assessment					
☐ Site plan indic	ating area to be used within locat	ion/s where activ	ity will be	undertaken		
Your application	will remain current until 30 June 2	2018				
Declaration of Ap	pplicant					
I/We, the Applicant, declare that the above information is correct in all respects, at the time of lodgement of this application with the Redland City Council. Should any of the details given in relation to this application be changed in the future, the Applicant shall advise the Redland City Council in writing prior to any such change being implemented. I/We, the Applicant, have read the conditions outlined within the application form and agree to abide by these conditions and any other conditions considered appropriate in relation to the permitted activity.						
Signature				Date		
OFFICE USE ONLY	Y					
Application No.	Application Received By	Receipt No.	Initial	Date	Stamp	

Proposed Program 2 Schedule – COMPLETION OF THIS TABLE IS MANDATORY

Hours and details of proposed program locations - include a site map of each location, indicating the exact land area for the proposed activity(s)

Refer to Attachment A – List of Public Open Spaces

REDLANDS HEALTHY ACTIVE PROGRAM – PROGRAM 2 (16 April to 29 June 2018)

Weekday	Locations	Council Division	Target Market	Start time	Finish time	Class type	Equipment Provided	Equipment participants must bring	Minimum and Maximum Participants numbers per class
Example	List council park		Women 25+	10:30am	11:30am	Group Fitness	Hand weights, yoga	Mat	Min = 5
	name						mats		Max = 20
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

You must lodge Your Application with Council by emailing citysportvenues@redland.qld.gov.au
Applications Close Friday 2 March

ATTACHMENT A – LIST OF PUBLIC OPEN SPACES

1. PUBLIC OPEN SPACES DETAILS

Park Name	Suburb	Council Division
<u>APEX PARK</u>	Wellington Point	Division 1
EGW WOOD SPORTSFIELDS	Wellington Point	Division 1
FELLMONGER PARK	Ormiston	Division 1
WELLINGTON POINT RECREATION RESERVE	Wellington Point	Division 1
CLEVELAND POINT RECREATION RESERVE	Cleveland	Division 2
G J WALTER PARK	Cleveland	Division 2
RABY BAY FORESHORE PARK	Cleveland	Division 2
RABY BAY HARBOUR PARK	Cleveland	Division 2
POINT LOOKOUT OVAL	Point Lookout	Division 2
RON STARK OVAL	Dunwich	Division 2
BLOOMFIELD STREET PARK	Cleveland	Division 2
HENRY ZIEGENFUSZ PARK	Cleveland	Division 3
WILLIAM STEWART PARK	Thornlands	Division 3
THORNLANDS COMMUNITY PARK	Thornlands	Division 3
SAM SCIACCA SPORTSFIELD	Capalaba	Division 3
JOHN FREDERICK SPORTSFIELD	Capalaba	Division 3
LAURIE BURNS RESERVE	Coochiemudlo Island	Division 4
COOCHIEMUDLO FORESHORE – EAST	Coochiemudlo Island	Division 4
COOCHIEMUDLO FORESHORE - NORTH	Coochiemudlo Island	Division 4
LES MOORE PARK	Victoria Point	Division 4
W H YEO PARK	Victoria Point	Division 4
SEL OUTRIDGE PARK	Redland Bay	Division 5
JACKSON ROAD PARK	Russell Island	Division 5
RUSSELL ISLAND SPORT & RECREATION PARK	Russell Island	Division 5
THE BAY ISLANDS PIONEER CHILDRENS MEMORIAL PARK	Russell Island	Division 5

MACLEAY ISLAND COMMUNITY PARK	Macleay Island	Division 5
MOUNT COTTON COMMUNITY PARK	Mount Cotton	Division 6
CHARLIE BUCKLER SPORTSFIELD	Redland Bay	Division 6
DONALD ROAD SPORTSFIELD	Redland Bay	Division 6
HANOVER DRIVE PARK	Alexandra Hills	Division 7
KEITH SURRIDGE PARK	Alexandra Hills	Division 7
WIMBORNE ROAD PARK	Alexandra Hills	Division 7
WINDEMERE ROAD PARK	Alexandra Hills	Division 7
BAILEY ROAD PARK	Birkdale	Division 8
JUDY HOLT SPORTSFIELDS	Birkdale	Division 8
MONTGOMERY DRIVE PARK	Wellington Point	Division 8
VALANTINE PARK	Alexandra Hills	Division 8
BROSNAN DRIVE PARK	Capalaba	Division 9
CAPALABA REGIONAL PARK	Capalaba	Division 9
TAURIS ROAD PARK	Capalaba	Division 9
WENTWORTH DRIVE PARK	Capalaba	Division 9
AQUATIC PARADISE PARK WEST	Birkdale	Division 10
BETH BOYD PARK	Thorneside	Division 10
THREE PADDOCKS PARK	Birkdale	Division 10
WILLIAM TAYLOR MEMORIAL PARK	Birkdale	Division 10
WILLIAM TAYLOR MEMORIAL SPORTSFIELD	Thorneside	Division 10

It is to be noted that all of the public open spaces are located within the vicinity of commercial businesses and/or residential areas therefore it is expected that activities must be conducted in a manner that does not cause a nuisance to neighbouring residents and/or businesses.