

**GYMQUEST APPLICATION FORM**

**Part 1 – About your Centre**

Category:   
  
If 'Other' (please specify) .................................................................................................................................................

Name of Organisation:

Name of Parent Company or Organisation: (if applicable)

Centre Address:  
............................................................................................................................................................................................  
  
............................................................................................................................................................................................

Centre Website:

Name of Person Applying for Accreditation on behalf of the Organisation\*:  
  
...........................................................................................................................................................................................  
  
Role / Position: .................................................................................................................................................................  
  
Contact Telephone Number (please include extension if required): .................................................................................  
  
Email Address: ...................................................................................................................................................................

Second Person we can contact in your absence regarding this Application:  
  
Name: ................................................................................................................................................................................  
  
Role / Position: ..................................................................................................................................................................  
  
Contact Telephone Number (please include extension if required): .................................................................................  
  
Email Address: ...................................................................................................................................................................

Level of Accreditation Applied for:  
For details of which Level you should apply for please visit [www.winstrada.com/inclusion/gymquest](http://www.winstrada.com/inclusion/gymquest)

\*NB - The person applying for GymQuest accreditation must work in a senior position at the club or centre to which the application refers.

**Part 2 – About your Gymnastic Activities**

Relevant Activities carried out at Centre: (please delete any which do not apply):

Gymnastics Lessons for Children  
Gymnastics Lessons for Adults   
Gymnastic squad class training   
Accessible Gymnastics Sessions for people with Special Needs  
Trampoline Classes for Children  
Trampoline Classes for Adults  
Rebound Therapy sessions  
Trampolining Sessions for people with Special Needs  
Trampoline Parties  
Trampoline squad class training  
Other (please specify).........................................................................................................................................................

The above activities are run by: (please delete any which do not apply):  
  
Our staff at this Centre  
Volunteers at this Centre (includes Parents)  
Self employed Coaches or Trainers  
Other (please specify) ........................................................................................................................................................

NB: All persons responsible for leading sessions must hold an appropriate coaching qualification.   
Recognised training organisations are listed on the National Association of Sports Coaches (NASC) website: [www.winstrada.com/inclusion/nasc\_membership.shtml](http://www.winstrada.com/inclusion/nasc_membership.shtml)

**Part 3 – Payment Details**

The admin fee for each GymQuest application is £258 (plus VAT)  
Gold and Platinum level applications incur the same admin fee.

Payment options:  
  
Please make cheques payable to: Rebound Therapy International Ltd. and post to:  
GymQuest, Saplings, Felcourt Road, Felcourt, West Sussex, RH19 2LA.

BACS transfers: Please use the following account: Account Number: 42774802 Sort Code: 60-07-17   
Account name: Rebound Therapy International Ltd Bank: Nat West  
Please send your payment notification / remittance advice by email to: gymquest@winstrada.com   
(GymQuest and Winstrada are divisions of the Rebound Therapy organisation)  
If choosing ‘Invoice Required’ please be aware that we cannot process your application until payment is received  
  
Please invoice to................................................................................................................................................................  
  
............................................................................................................................................................................................  
  
Purchase Order Number:....................................................................................................................................................

**Part 4 - DECLARATIONS:**

**A**

I have read and understand the following:  
 - It is the responsibility of our centre to ensure that everyone running activities here (either paid or voluntarily) is suitably qualified to do so. My team will ensure that all relevant training is kept up to date and validated as required.   
 - The GymQuest assessors reserve the right to ask for copies of training certificates if it is deemed necessary.   
 - It is our Centre's responsibility to inform GymQuest if the contact details of the people applying for GymQuest accreditation on behalf of our Centre change for any reason.

Name of Lead Applicant (this should be the first person named in Section 1):  
  
 .........................................................................................................................................................................................  
If completing this form electronically by typing your name here you are understood to have signed the form.  
  
Date:

**B**

I understand that during this application process my team will be required to submit a variety of documents, and my access code to this information will be sent, once payment has been received, by GymQuest. When my documents have been accepted and verified by GymQuest, it will be the responsibility of myself and my team to ensure that all policies and standards referred to in the submitted policies are understood, followed and enforced by all team members working or volunteering at our Centre, on an ongoing basis.

Name of Lead Applicant:  
If completing this form electronically by typing your name here you are understood to have signed the form.  
  
Date:

NB: Failure to continually observe these Declarations could invalidate your GymQuest Accreditation.

Please return your completed application either by email to: [gymquest@winstrada.com](mailto:gymquest@winstrada.com)  
or by post to: GymQuest, Saplings, Felcourt Road, Felcourt, West Sussex, RH19 2LA

We recommend keeping a copy of your completed application form for your records.