

# CYPRUS SPORTS ORGANIZATION

**APPLICATION FOR THE RENEWAL**

**OF AN OPERATING LICENSE**

**FOR A PRIVATE SCHOOL OF GYMNASTICS**

**FOR THE YEAR \_\_\_\_\_\_\_\_\_\_\_\_**

**PRIVATE SCHOOL OF GYMNASTICS DETAILS:**

1. **School Name:** ........................................................................................................
2. **School Address:**

Address: .................................................................................................. No.: ……………

P.O. Code: .............. P.O. Box: ………..

Community/Municipality: ...............................

Province: ...................................................

Telephones: ........................./................................./ .........................

E-mail: ..............................................................

Website: .....................................................................................

**2.1 Mailing Address (if different from the above)**

Address: ......................................................................................................... No.: …………..

Postal Code: .............. P.O. Box: ………..

Community/Municipality: ............................... Province: ...................................................

**3. Owner**

**3.1 If the owner (or the owners) is (are) a natural person**:

Surname: ..................................................................................................

First name: ...................................................................

ID Card No.: ...................................................................

Address: .......................................................................................

Telephones: .................................../ ..........................

E-mail: ...............................................................

**3.2 If the owner is a legal person:**

[Instructions: Please state the name of the legal person:]

Name: .....................................................................………… Registration no.: ......................

1. **Services for which the application is submitted**

[Enter the title of the Sport (as described in Part IV - School Personnel, pursuant to the Regulations on Private Schools of Gymnastics of 1995 and 2012) for which you wish to provide services as a Private School of Gymnastics].

Services (Sports):

4.1 .................................................................................................

4.2 .................................................................................................

4.3 .................................................................................................

4.4 .................................................................................................

**5.** In the event of any changes to the personal data included in this application, you must inform the CSO and the Private School of Gymnastics Control Department so that they can update your data accordingly in the Private Schools of Gymnastics Registry:

**6.** The CSO, as the Data Controller, must adhere to the General Data Protection Regulation 2016/679 (GDPR). Your information contained in this application will be used exclusively by the CSO and evaluated by the Private Schools of Gymnastics Control Department to renew the operating license of your Private School and to inform interested providers and recipients of fitness services or sport training services.

1. You have the right to access, rectify and/or erase your Personal Data, or to restrict/object to the processing thereof. To exercise your rights, please contact dpo@sportskoa.org.cy or call 22897000. In the event that the Operating License is not renewed, the application and all attached documents will be deleted at the end of the year during which the application is submitted. You can learn more about the CSO’s Personal Data Protection Policy on the website https://cyprussports.org/gr/ or by contacting the CSO’s Data Protection Officer (DPO) at dpo@sportskoa.org.cy. In you have any complaints, you can contact the CSO’s Data Protection Officer or, if you are not satisfied, the Office of the Commissioner for Personal Data Protection ([www.dataprotection.org.cy](http://www.dataprotection.org.cy)).
2. **Please note that it is mandatory to fill out all the fields in the application; if a field is not applicable, please enter “Not applicable”.**
3. **Solemn Declaration by the Applicant (to be filled out accordingly):**

We understand that any intentional inaccuracy or omission may result in the rejection of the application for an Operating License. I solemnly declare, having full knowledge of the consequences of the Law, that all the information contained in this Application is completely true and accurate.

1. For natural persons:

Full name of the School’s Owner: …..........................................................

Owner’s signature: …………..........................................................................

1. For legal persons:

Full name of the legal representative: ….……………………..............................

Legal representative’s signature: ...........................................................................

Company seal:

Submission date of this Application: ………. /………./……………..

**Note: The necessary documents that must be attached to this application and which must be valid are indicated on the following page.**

**NECESSARY DOCUMENTS**

1. **Amended Building Permit and Architectural Drawings**, if any changes and additions/modifications have been made to the facilities.

**2. A valid inspection letter on the premise’s suitability in terms of fire safety, issued by the Fire Department.**

**3. Periodic Inspection Report** in accordance with the Regulations on Occupational Health and Safety (Installation, Operation, Maintenance and Inspection of LPG Systems) of 2021 (Regulatory Administrative Act 189/2021), as in force. - (Where applicable).

**4.** Valid **Certificate of Suitability of Electrical Installations** (as periodically amended) issued by the Electricity Authority of Cyprus or valid **Periodic Inspection Report of the Electrical Installations** (as periodically amended) issued by the Department of Electrical and Mechanical Services.

**5 Sanitary Certificate** by the Health Services of the Ministry of Health or by the Health Services of the Municipal Authorities, certifying that the sanitary facilities comply with the provisions of the Private Schools of Gymnastics Regulations, as in force.

**6. Operating License for a Public Swimming Pool** in accordance with the Laws on Public Swimming Pools of 1992 and 1996, as well as the Regulations on Public Swimming Pools of 1996 (Regulatory Administrative Act 368/96). (Where applicable).

If there is no Public Swimming Pool Operating License, the following relevant certificates must be submitted:

o Valid Certificate of Suitability of the Electromechanical Installations of the Swimming Pool by an Electrical and Mechanical Service; and

o Valid Sanitary Certificate for the Swimming Pool by the competent authority.

**7. Directors and Physical Educationists / Trainers:**

**7.1** Please fill out and attach the **Personnel List** (see Annex 1).

[Members of the personnel who are not registered in the Physical Educationists /Trainers Registry of Private Schools of Gymnastics and who wish to be employed at the School must submit to the CSO an “Application to Join the Physical Educationists/Trainers Registry”]

**7.2** A **certificate issued by the Police** in accordance with Article 22(6) of the Prevention and Combating of Sexual Abuse and Sexual Exploitation of Children and Child Pornography Law 91(Ι)/2014, for every member of the personnel(the School’s Directors and Physical Educationists/Trainers),for the year during which the application is submitted.

**8. A certificate on the safety and functionality of the fixed exercise equipment from the manufacturer or supplier, accompanied by a detailed equipment list for the year in which the application is submitted.** (Where applicable).

**9. Checklist** (Annex 2)

ANNEX 1

**PERSONNEL LIST OF THE PRIVATE SCHOOL OF GYMNASTICS**

1. SCHOOL NAME: ……………………………………………………………………………………………………….………

2. We have been informed that:

- The CSO, as the Data Controller, must adhere to the General Data Protection Regulation 2016/679 (GDPR). Our information in this application will be used exclusively by the CSO and evaluated by the Private Schools of Gymnastics Control Department in order to register us in the CSO's Private Schools of Gymnastics Registry and, by extension, to issue a School Operating License and to provide information to interested providers and recipients of fitness services or sport training services.

- We have the right to access, rectify and/or erase our Personal Data, or to restrict/object to the processing thereof. To exercise our rights, we can contact dpo@sportskoa.org.cy or call 22897000. In the event that our School has not joined the Registry of Private Schools of Gymnastics and, consequently, the School’s Operating License has not been issued, the application and all attached documents will be deleted at the end of the year during which the application was submitted. We can learn more about the CSO’s Personal Data Protection Policy on the website https://cyprussports.org/gr/ or by contacting the CSO’s Data Protection Officer (DPO) at dpo@sportskoa.org.cy. In we have any complaints, we can contact the CSO’s Data Protection Officer or, if we are not satisfied, the Office of the Commissioner for Personal Data Protection (www.dataprotection.org.cy).

3. The Private School’s personnel consists of the following:

SCHOOL DIRECTOR(S):

|  |
| --- |
| FIRST NAME: |
| SURNAME: |
| ID CARD NO.: |   |
| TELEPHONES: / / |
| DATE: | SIGNATURE: |

|  |
| --- |
| FIRST NAME: |
| SURNAME: |
| ID CARD NO.: |   |
| TELEPHONES: / / |
| DATE: | SIGNATURE: |

\* In the event that the School’s Directors are also members of the School’s Personnel (Physical Educationists / Trainers), they need to fill out the next page as well

**SCHOOL’S PERSONNEL, PHYSICAL EDUCATIONISTS/TRAINERS**

|  |
| --- |
|  FULL NAME: |
| ID CARD NO.: |
| TELEPHONES: / / |
| CSO PHYSICAL EDUCATIONIST / TRAINER REGISTRATION NO.: |
| APPROVED SERVICES: |
| DATE: SIGNATURE: |

|  |
| --- |
| FULL NAME: |
| ID CARD NO.: |
| TELEPHONES: / / |
| CSO PHYSICAL EDUCATIONIST / TRAINER REGISTRATION NO.: |
| APPROVED SERVICES: |
| DATE: SIGNATURE: |

|  |
| --- |
| FULL NAME: |
| ID CARD NO.: |
| TELEPHONES: / / |
| CSO PHYSICAL EDUCATIONIST / TRAINER REGISTRATION NO.: |
| APPROVED SERVICES: |
| DATE: SIGNATURE: |

|  |
| --- |
| FULL NAME: |
| ID CARD NO.: |
| TELEPHONES: / / |
| CSO PHYSICAL EDUCATIONIST / TRAINER REGISTRATION NO.: |
| APPROVED SERVICES: |
| DATE: SIGNATURE: |

|  |
| --- |
| FULL NAME: |
| ID CARD NO.: |
| TELEPHONES: / / |
| CSO PHYSICAL EDUCATIONIST / TRAINER REGISTRATION NO.: |
| APPROVED SERVICES: |
| DATE: SIGNATURE: |

|  |
| --- |
| FULL NAME: |
| ID CARD NO.: |
| TELEPHONES: / / |
| CSO PHYSICAL EDUCATIONIST / TRAINER REGISTRATION NO.: |
| APPROVED SERVICES: |
| DATE: SIGNATURE: |

|  |
| --- |
| FULL NAME: |
| ID CARD NO.: |
| TELEPHONES: / / |
| CSO PHYSICAL EDUCATIONIST / TRAINER REGISTRATION NO.: |
| APPROVED SERVICES: |
| DATE: SIGNATURE: |

|  |
| --- |
| FULL NAME: |
| ID CARD NO.: |
| TELEPHONES: / / |
| CSO PHYSICAL EDUCATIONIST / TRAINER REGISTRATION NO.: |
| APPROVED SERVICES: |
| DATE: SIGNATURE: |

**ANNEX 2**

**CHECKLIST**

**Submitted documents**

|  |  |  |
| --- | --- | --- |
| S/N | DOCUMENT DESCRIPTION | SUBMITTED*(mark applicable items with an* *Χ or √,* *or as “Not applicable”)* |
| 1. | **Amended Building Permit and Architectural Drawings**, if any changes and additions/modifications have been made to the facilities. |  |
| 2. | **Suitability inspection letter by the Fire Department**.  |  |
| 3. | **Periodic Inspection Report** in accordance with the Regulations on Occupational Health and Safety (Installation, Operation, Maintenance and Inspection of LPG Systems) of 2021 (Regulatory Administrative Act 189/2021) - (Where applicable). |  |
| 4. | **Certificate of Suitability of Electrical Installations** by the Electricity Authority of Cyprus **or Periodic Inspection Report of the Electrical Installations** by the Department of Electrical and Mechanical Services. |  |
| 5. | **Sanitary Certificate.** |  |
| 6. | **Operating License for a Public Swimming Pool** (Where applicable) or |  |
| 6.1 Certificate of Suitability of the Electromechanical Installations by an Electrical and Mechanical Service, and |  |
| 6.2 Sanitary Certificate for the Swimming Pool |  |
| 7. | **Personnel List of the Private School of Gymnastics** (See Annex 1) |  |
| 8. | **Certificate issued by the Police** in accordance with Article 22(6) of the Prevention and Combating of Sexual Abuse and Sexual Exploitation of Children and Child Pornography Law 91(Ι)/2014, for the School’s Director and Physical Educationists/Trainers,for the year when the application is submitted. |  |
| 9. | **A certificate on the safety and functionality of the fixed exercise equipment from the manufacturer or supplier, accompanied by a detailed equipment list for the year in which the application is submitted**. (Where applicable) |  |
| 10. | **Company registration certificate** by the Registrar of Companies. (In the event that any changes have been made). |  |
| 11. | **Certificate showing the Managers/Directors** by the Registrar of Companies. (In the event that any changes have been made). |  |