

# CYPRUS SPORTS ORGANISATION

**APPLICATION TO JOIN**

THE REGISTRY OF PRIVATE SCHOOLS OF GYMNASTICS

AND TO ISSUE AN OPERATING LICENSE

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

Instructions:

1. This application shall not be considered complete unless it contains all the documents/information required and it is accompanied by a copy of the receipt indicating that the €20 fee for reviewing the application has been paid. The fee can be paid in cash or by cheque to the Accounting Department of the Cyprus Sports Organisation (CSO), or by wire transfer to the Hellenic Bank / Account Number: 121-01-032530-01 – IBAN: CY28005001210001210103253001.

2. **It is mandatory to fill out all the fields in the application; if a field is not applicable, please enter “Not applicable”.**

3. The School may not operate before it has been approved by the Cyprus Sports Organisation, before it has been registered in the relevant Registry and before the Operating License certificate has been issued.

4. In the event that it 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.

5. The Supervision, Operation and Control of Private Schools of Gymnastics is governed by the Regulations on Private Schools of Gymnastics of 1995 and 2012, Cyprus Sports Organisation Law, Article 5(2)(κα). Please read carefully the 1995 and 2012 Regulations on Private Schools of Gymnastics before filling out this application.

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 in order to register you in the CSO's Private Schools of Gymnastics Registry and, by extension, to issue a School Operating Licenseand to provide information to interested providers and recipients of gymnastics services or any sports services.

7. 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 your 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. 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).

**PRIVATE SCHOOL OF GYMNASTICS DETAILS**

1. **Proposed School Name:**

................................................................................................................................

**2. School Address:**

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

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

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

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

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

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

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

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

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 govern by private law** (private company)**:**

[Instructions: Please state the name of the legal person (private company):]

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

Please attach the following certificates:

(i) Company registration certificate by the Registrar of Companies; and

(ii) Certificate showing the Managers/Directors by the Registrar of Companies.

**4. 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. Facilities:**

Please attach copies of the following documents:

**5.1** **Building Permit** for the specific-use building(s) based on the services that will be provided at the School (e.g. gym, swimming pool, tennis courts, etc.). In the event that the Building Permit pertains to a different use, for example residences, offices or stores, then it will not be accepted and both the Planning Permit, which precedes the Building Permit, and the Building Permit will have to be amended, so that the use of the premises will be consistent with the services to be provided at the School. It is noted that, before securing the Planning Permit, applicants may request preliminary opinions from the competent Technical Department of the Cyprus Sports Organisation, by sending a letter accompanied by two (2) complete sets of architectural drawings.

**5.2** A **complete set of architectural** drawings for the School’s facilities (elevation, floor and section plans). The stamp approving the Building Permit must be clearly visible on the submitted plans (the plans must be legible, at a scale of 1:100 and A3 size layout).

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

**5.4** A **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).

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

**5.6** **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 Regulations on Private School of Gymnastics, as in force.

**5.7** **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.

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

**6.1** 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”]

**6.2** 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.

**7. 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).

**8. Payment of the fee for reviewing the application**

[Instructions: A photocopy of the receipt for the payment of the application review fee issued by the CSO’s Accounting Department must be attached. The fee can be paid in cash or by cheque to the Accounting Department of the Cyprus Sports Organisation (CSO), or by wire transfer to the Hellenic Bank / Account Number: 121-01-032530-01 – IBAN: CY28005001210001210103253001. Please enter the receipt's details (receipt number and date) below]

Receipt Number: ..................................

Receipt Date: ……. /….. /……………..

**9. Checklist** [The checklist must be filled out and submitted, see Annex 2].

**10. 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: ………. /………./……………..

**ANNEX 1**

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

1. PROPOSED 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 School 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 NUMBER: |
| TELEPHONES: / / |
| DATE: | SIGNATURE: |

|  |
| --- |
| FIRST NAME: |
| SURNAME: |
| ID CARD NUMBER: |
| 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. | **Copy of the Building Permit** |  |
| 2. | **Architectural drawings of the school’s buildings** (Elevation, Floor and Section plans). |  |
| 3. | **Suitability inspection letter by the Fire Department**.  |  |
| 4. | **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). |  |
| 5. | **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. |  |
| 6. | **Sanitary Certificate.** |  |
| 7. | **Operating License for a Public Swimming Pool** (Where applicable) **or** |  |
| 7.1 **Certificate of Suitability of the Electromechanical Installations** by an Electrical and Mechanical Service, and |  |
| 7.2 **Sanitary Certificate** for the Swimming Pool |  |
| 8. | **Personnel List of the Private School of Gymnastics** (See Annex 1) |  |
| 9. | **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. |  |
| 10. | **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) |  |
| 11. | **Company registration certificate** by the Registrar of Companies. (Where applicable) |  |
| 12. | **Certificate showing the Managers/Directors** by the Registrar of Companies. (Where applicable) |  |
| 13. | **Copy of the receipt for the payment of the Application review fee**. |  |