



**AQUAMOVES**  
LAKESIDE SHEPPARTON



---

**Aquamoves Lakeside Shepparton**

## **Aquamoves Health Suites**

**Expression of Interest**

---

Contact Officer: Jacqui Byrnes, Aquamoves Coordinator Health and Wellbeing  
Email: [jacqui.byrnes@aquamoves.com.au](mailto:jacqui.byrnes@aquamoves.com.au)  
Address: 25 Tom Collins Drive, Shepparton  
Postal: Locked Bag 1000, Shepparton 3632  
Phone: (03) 58329 400  
Fax: (03) 5831 1987

# PART 1. INFORMATION FOR RESPONDENT

## 1.1 Overview

Aquamoves Lakeside Shepparton is seeking Expressions of Interest from suitable individuals and/or organisations to rent health suites available within the Centre. Aquamoves is Greater Shepparton's Regional Aquatic Centre, the place to go for fun and fitness, with indoor and outdoor pools and a full range of fitness facilities and programs.

There are currently two newly renovated health suites available to rent providing great exposure to people using Aquamoves.

The spacious 8.3m<sup>2</sup> and 8.8m<sup>2</sup> suites are equipped with reverse cycle air-conditioning, internet connection, basin, desk, chairs and toilet access. Treatment tables may be available on request at Aquamoves discretion and can be discussed as part of the Expression of Interest process.

Aquamoves has been operating for close to 20 years providing you with access to operate in a centre that has over 600,000 visits per year, of which around 400,000 are active participants in the Centre's program and services.

Some of the examples of projects and programs delivered at Aquamoves include:

- Over 80 Group Fitness exercise sessions each week, ranking in the top 1% in Australia
- Over 1,400 enrolled each term in Learn to Swim classes
- Average 2,000 visitors per day
- Recreational swimming programs
- Schools programs engaging over 30 schools in the region
- Aquamoves is home of the Shepparton Swimming Club, GV Masters Swimming Club, Shepparton Lifesaving Club and hosts many of the events of the Shepparton Triathlon Club, Victorian Country Long and Short Course Swimming Championships as well as local community activities and events.

Aquamoves is open seven days a week and closed on Good Friday and Christmas Day. Hours of operation include Monday – Thursday 6am to 9pm, Fridays 6am – 8pm and Weekends 8:30am – 5pm. Aquamoves is open from 12:00pm – 5:00pm on New Years Day and from 1:00pm – 5:00pm on ANZAC Day. Aquamoves is open on all other Public Holidays from 8:30am – 5:00pm.

Aquamoves provides a great opportunity for new or established businesses looking to expand their operations.

## 1.2 The Process

The proposed process for the appointment of program partners is as follows:

Stage	Detail
Advertisement	An advertisement will be placed on the Aquamoves Lakeside Shepparton website and Facebook page and information provided in local newspapers.
Lodging	Submissions are to be received via post, email or fax as per the details on Page 1.  Late Submissions will not be considered.
Expression of Interest Evaluation Criteria	The Council will evaluate the Submissions using the Evaluation Criteria as described herein. Those choosing to submit their Submissions should address the criteria as well as providing the Evaluation Panel with any other material they consider to be relevant to their submission.
Acceptance of Expression of Interest	Submissions that meet the needs of Council will be notified and invited to further discuss their proposal with Council.

## 1.3 Guidance for respondents

1. Aquamoves seeks high quality and experienced industry professionals with demonstrated experience in providing allied health and/or alternative therapies.
2. Aquamoves will expect that practitioners will achieve and maintain high standards of presentation and service.
3. Aquamoves is seeking practitioners that will complement our vision to provide an opportunity for residents and visitors to improve or maintain their overall health and wellbeing.
4. Aquamoves will expect that practitioners manage their own bookings and payments from their clients.
5. Practitioners are required to have their own Public Liability Insurance.
6. Aquamoves is seeking practitioners who would be willing to offer a discounted service to current Aquamoves members and in return Aquamoves can provide a discounted gym/aquatic membership to the practitioner's clients.
7. Aquamoves is seeking practitioners who would be interested in providing professional development sessions with Aquamoves staff that complements their existing skill base.
8. Practitioners will be required to meet monthly with Aquamoves management or as agreed to discuss any issues, concerns or opportunities.

## **PART 2. RESPONDENT FORM**

### **2.1 Respondent Information**

Name of respondent (entity): .....

Trading name (business name): .....

Business Type: (sole trader / partnership / registered company, etc.).....

.....

Business address: .....

Mailing Address (if different from above): .....

Australian Business Number (A.B.N.): .....

Australian Company Number (A.C.N) .....

GST Registered: Yes / No

Contact person: .....

Contact telephone number: .....

Mobile telephone number: .....

Facsimile number: .....

Email address: .....

Website: .....

## 2.2 Qualifications, Skills and Experience of Principal Individuals

List the qualifications, skills and experience of the principal individuals the respondent intends to engage in providing the service.

a. Name .....

Qualifications, skills and experience:

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

b. Name .....

Qualifications, skills and experience:

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

c. Name .....

Qualifications, skills and experience

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

## 2.3 Trading History

a. How many years' experience has the respondent had in the type of service?

.....

b. How many years' has the respondent been in the business under its current business name?.....

c. Has the respondent or any organisation managed and/or controlled by the respondent or directors of the respondent, in the last five years been placed in administration, been placed in liquidation, entered into any composition with creditors, had a mortgagee or other creditor take possession of any of its assets, had a receiver or receiver and manager appointed with respect to it or otherwise become insolvent? **Yes/No** (if yes, give details)

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

d. Has the respondent or any organisation similarly managed/or controlled ever failed in the past five years to complete a contract or lease, or had a lease or contract terminated during the term of the contract or lease? **Yes/No** (if yes, give details)

.....  
.....

## 2.4 Health Suite Details\*

a. Please indicate which health suite/s you would be interested in leasing including days and times.

Health Suite 1 8.3m <sup>2</sup>		Health Suite 2 8.8m <sup>2</sup>	
Monday	<input type="checkbox"/> 8.00am – 12.00pm <input type="checkbox"/> 8.00am – 5.00pm <input type="checkbox"/> 12.00pm – 5.00pm <input type="checkbox"/> 5.00pm – 9.00pm <input type="checkbox"/> Other (please specify below)	Monday	<input type="checkbox"/> 8.00am – 12.00pm <input type="checkbox"/> 8.00am – 5.00pm <input type="checkbox"/> 12.00pm – 5.00pm <input type="checkbox"/> 5.00pm – 9.00pm <input type="checkbox"/> Other (please specify below)
Tuesday	<input type="checkbox"/> 8.00am – 12.00pm <input type="checkbox"/> 8.00am – 5.00pm <input type="checkbox"/> 12.00pm – 5.00pm <input type="checkbox"/> 5.00pm – 9.00pm <input type="checkbox"/> Other (please specify below)	Tuesday	<input type="checkbox"/> 8.00am – 12.00pm <input type="checkbox"/> 8.00am – 5.00pm <input type="checkbox"/> 12.00pm – 5.00pm <input type="checkbox"/> 5.00pm – 9.00pm <input type="checkbox"/> Other (please specify below)
Wednesday	<input type="checkbox"/> 8.00am – 12.00pm <input type="checkbox"/> 8.00am – 5.00pm <input type="checkbox"/> 12.00pm – 5.00pm <input type="checkbox"/> 5.00pm – 9.00pm <input type="checkbox"/> Other (please specify below)	Wednesday	<input type="checkbox"/> 8.00am – 12.00pm <input type="checkbox"/> 8.00am – 5.00pm <input type="checkbox"/> 12.00pm – 5.00pm <input type="checkbox"/> 5.00pm – 9.00pm <input type="checkbox"/> Other (please specify below)
Thursday	<input type="checkbox"/> 8.00am – 12.00pm <input type="checkbox"/> 8.00am – 5.00pm <input type="checkbox"/> 12.00pm – 5.00pm <input type="checkbox"/> 5.00pm – 9.00pm <input type="checkbox"/> Other (please specify below)	Thursday	<input type="checkbox"/> 8.00am – 12.00pm <input type="checkbox"/> 8.00am – 5.00pm <input type="checkbox"/> 12.00pm – 5.00pm <input type="checkbox"/> 5.00pm – 9.00pm <input type="checkbox"/> Other (please specify below)
Friday	<input type="checkbox"/> 8.00am – 12.00pm <input type="checkbox"/> 8.00am – 5.00pm <input type="checkbox"/> 12.00pm – 5.00pm <input type="checkbox"/> 5.00pm – 9.00pm <input type="checkbox"/> Other (please specify below)	Friday	<input type="checkbox"/> 8.00am – 12.00pm <input type="checkbox"/> 8.00am – 5.00pm <input type="checkbox"/> 12.00pm – 5.00pm <input type="checkbox"/> 5.00pm – 9.00pm <input type="checkbox"/> Other (please specify below)
Saturday	<input type="checkbox"/> 8.00am – 12.00pm <input type="checkbox"/> 8.00am – 5.00pm <input type="checkbox"/> 12.00pm – 5.00pm <input type="checkbox"/> 5.00pm – 9.00pm <input type="checkbox"/> Other (please specify below)	Saturday	<input type="checkbox"/> 8.00am – 12.00pm <input type="checkbox"/> 8.00am – 5.00pm <input type="checkbox"/> 12.00pm – 5.00pm <input type="checkbox"/> 5.00pm – 9.00pm <input type="checkbox"/> Other (please specify below)
Sunday	<input type="checkbox"/> 8.00am – 12.00pm <input type="checkbox"/> 8.00am – 5.00pm <input type="checkbox"/> 12.00pm – 5.00pm <input type="checkbox"/> 5.00pm – 9.00pm <input type="checkbox"/> Other (please specify below)	Sunday	<input type="checkbox"/> 8.00am – 12.00pm <input type="checkbox"/> 8.00am – 5.00pm <input type="checkbox"/> 12.00pm – 5.00pm <input type="checkbox"/> 5.00pm – 9.00pm <input type="checkbox"/> Other (please specify below)

\*Please refer to Appendix A for a copy of the Aquamoves Health Suites Floor Plan and Appendix B for a copy of the Aquamoves Centre Floor Plan.

b. Please indicate your intended duration of renting a health suite.

3 months  6 months  12 months  2 years

Other (please specify)

Comments:

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

**2.5 Rental Offering**

Please provide your rental offering in dollars (\$) in the preferred box below applicable to your business model.

Please note: Rent will be adjusted annually according to CPI

<b>Rental Range</b>	<b>Health Suite 1</b>	<b>Health Suite 2</b>	<b>Comments</b>
Hourly (\$)			
Weekly (\$)			
Fortnightly (\$)			
Monthly (\$)			
3 months (\$)			
6 months (\$)			
Annually (\$)			

## **2.6 Concept**

Please provide a description of the type and style of business operation you would provide as the successful lessee.

Here is your opportunity to tell us what you may require from Aquamoves to ensure your business can succeed. We envisage a business that we can work in partnership with and complement each other's service.



## 2.7 Professional Referees for Respondents

Please provide the details of three professional referees for the respondent:

1. Name: .....  
Position: .....  
Organisation: .....  
Telephone Number: .....  
Type of work performed: .....
2. Name: .....  
Position: .....  
Organisation: .....  
Telephone Number: .....  
Type of work performed: .....
3. Name: .....  
Position: .....  
Organisation: .....  
Telephone Number: .....  
Type of work performed: .....

### 3.0 Evaluation Criteria

Applications will be evaluated by Aquamoves Lakeside Shepparton on the following merits

<b>Criteria</b>	<b>Weighting</b>
A proposal that will complement the vision of Aquamoves in relation to providing opportunities for residents and visitors to improve or maintain their health and wellbeing.	30%
Relevant qualifications and experience.	30%
Price. The dollar sum Aquamoves can expect to receive.	40%

### 3.1 Additional Information

The respondent provides (below or in an attachment to this Respondent Form) any additional information required by Aquamoves and/or any other information considered by the respondent to be relevant to this Expression of Interest:

.....

.....

.....

.....

.....

SIGNED by or on behalf of the respondent

Signature: .....

Name: .....

Title: .....

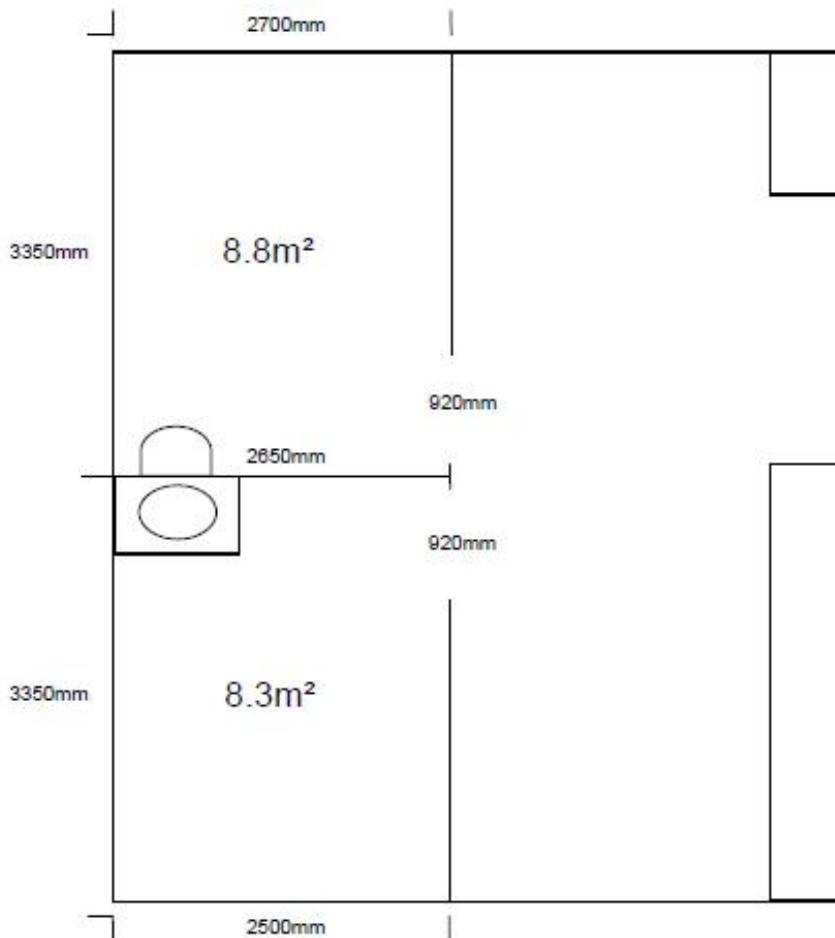
Date: .....

### Contact Details and Submission Requirements

For more information please contact Jacqui on 03 5832 9400.

Aquamoves Lakeside Shepparton  
Locked Bag 1000  
SHEPPARTON VIC 3632  
Email to [jacqui.byrges@aquamoves.com.au](mailto:jacqui.byrges@aquamoves.com.au)  
Phone: (03) 58329 400  
Fax: (03) 5831 1987

## APPENDIX A : Aquamoves Health Suites Floor Plan



\* Please note that all figures are indicative.



YOUR RATES AT WORK

Contact: Manager Active Living (03) 5832 9431 | Centre Manager Aquamoves (03) 5832 9400

[www.aquamoves.com.au](http://www.aquamoves.com.au)

**APPENDIX B: Aquamoves Centre Floor Plan**

