From: Organising Secretary, Public Officers' Welfare Council
To: Supervising Officers i/c Ministries/Departments

Fitness Centre for Public Officers and Family as well as Retired Public Officers

As you are aware, the Ministry of Public Service, Administrative and Institutional Reforms in collaboration with the Public Officers’ Welfare Council and the Mauritius Sports Council has set up a Fitness Centre on Level 12 of SICOM Building II, Corner Chevreau and Reverend Jean LeBrun Streets, Port Louis, for the benefit of Public Officers.

2. The Board of the POWC has decided that as from May 2023, the Fitness Centre will be open from Monday to Friday from **0800 hours to 1900 hours**, on Saturday from **0800 to 1200 hours** and **closed on Sundays & Public Holidays**. The Fitness Centre is equipped with the latest modern gym equipment and facilities including bathrooms, changing rooms and toilets.

3. Following several requests, the Board of the POWC has agreed that spouse and children (above 18 years) of Public Officers, as well as retired Public Officers, can avail themselves of the Fitness Centre.

4. The new monthly membership fee is **Rs 500** per person. Payment should be effected in advance on a quarterly basis at **Rs 1500**, either at discounted rates of half yearly at **Rs 2,500** or on an annual basis **Rs 5,000** per person. The new and renewal membership fees would be applicable as from May 2023. The General Conditions for Use and the Sanitary Protocol to be observed by users are at Annex I. **Participants are notified that their subscription is neither refundable nor transferable.**

5. Public officers and their spouse/children as well as retired Public officers, who wish to benefit from the facilities of the Fitness Centre, are invited to fill in the Membership Form at Annex II and submit same together with the exact amount to the Organising Secretary, Public Officers' Welfare Council, Level 12, SICOM Building 2, Cnr Chevreau & Reverend Jean Lebrun Streets, Port Louis. The applicant (Public Officer) will have to submit along with the membership form, a photocopy of a recent payslip or of the top part of the payslip, indicating the name, paysite code and their National Identity Card as well as one passport size photo. Retired Public Officers and Spouse/Children (above 18) of Public Officers will have to compulsorily submit with the membership form, a photocopy of
6. Registration will be done on a first come first-serve basis. Payment can be effected by cash or card, on weekdays from 09:30 to 14:00 hours.

7. Supervising Officers are kindly invited to bring the content of this Circular to the attention of all public officers of their Ministry/Department.

S.Bundhoo
Organising Secretary
POWC FITNESS CENTRE

GENERAL CONDITIONS FOR USE

- Membership card should be produced to have access to the Fitness Centre.
- Instructions of the Fitness Centre and code of ethics for public officers should be strictly complied by all users with at all times.
- Food and glass containers are strictly prohibited in the Fitness Centre.
- Only closed beverage containers will be authorised.
- Smoking, consumption of drugs, alcohol or any other illegal substances are strictly prohibited.
- Personal headsets or earpieces may be authorised.
- Personal boomboxes, bluetooth speakers, or stereos are strictly prohibited.
- Sports shoes appropriate for exercise should be worn at all times.
- Users of Fitness Centre should be in sportswear at all times.
- Members should bring their own towels.
- Malfunctioning of any equipment should be reported immediately to POWC.
- Private coaching, assessments and other related activities are not allowed in Fitness Centre without prior authorisation from the POWC.
- Commercial or religious activities are strictly forbidden in the Fitness Centre.
- All personal belongings should be kept in the lockers.
- Members would be responsible for their own safety while using the equipment in the Fitness Centre. They are advised to seek assistance from the POWC if necessary.
- All equipment should be kept in the designated area and should not be removed from the Fitness Centre.
- Equipment in the Fitness Centre should be used under appropriate guidance and with care.
- Members should disinfect the equipment before after use.
- Users should perform exercises with weight that they can handle.
- Failure to comply with the above conditions may result in loss of Fitness Centre privileges and revocation of membership.
- The POWC Management would not be responsible for any loss of personal belongings, injury, or death.
- The POWC reserves the right to amend these conditions without prior notice.
Membership Registration Form
POWC Fitness Centre

Name of Applicant: Mr /Mrs /Miss: .......................................................... D.O.B: ........................................
N.I.C No ........................................................................................................ (copy of N.I.C to be enclosed)
Designation: ................................................................................................................
Ministry/Department ........................................................................................................ (copy of payslip to be enclosed)
Tel (Off): ............................................................ Tel (Res): ................................. Tel (Mob): ........................................
Medical History (Illness/Disease/Surgery) (Please Specify) ..................................................
Medication/s taken (Please Specify): ...............................................................................
Physical Problems/ Injuries (Please Specify): .................................................................
Residential Address: ....................................................................................................... 
Email Address: ............................................................................................................... 
Emergency Contact: ....................................................................................................... 
Tel (Mob): ............................................................ Relationship: .................................

Name of Spouse Mr/Mrs/Miss: .......................................................... D.O.B: .........................
N.I.C No ........................................................................................................ (copy of N.I.C to be enclosed)
Email Address: ............................................................................................................
Tel (Mob): ............................................................
Medical History (Illness/Disease/Surgery) (Please Specify): ..............................................
Medication/s taken (Please Specify): ................................................................................
Physical Problems/ Injuries (Please Specify): .................................................................

Name of Child: Mr./Miss.: ......................................................... D.O.B: ....................................
N.I.C No ........................................................................................................ (copy of N.I.C to be enclosed)
Email Address: ............................................................................................................
Tel (Mob): ............................................................
Medication/s taken (Please Specify): ................................................................................
Physical Problems/ Injuries (Please Specify): .................................................................

Please tick as appropriate

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<th>One Person</th>
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<td>Half-yearly*</td>
<td>Rs2,500</td>
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<td>Annual **</td>
<td>Rs5,000</td>
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*one-month gratuity offered by the POWC
**two months gratuity offered by the POWC
***Rs 200 for Access Card, refundable upon non-renewal of subscription
Liability Disclaimer for Fitness Centre Membership and Use of Equipment

- I/My family do assume full responsibility for any damage, injury, or loss that I/We may sustain or incur, if any, while participating in any exercise program, sport or physical activity. I/We hereby waive all claims against the Public Officers’ Welfare Council, its officials and employees, for any damage, injury or loss that I/We and my family might sustain.

- I/We am/are in good physical condition and fit for exercise.

- I/We certify that all of the information, I/We have provided is/are correct and true.

Date: ..........................  Signature of Applicant: ............................................

For POWC use only

Date received: ..........................  Registration Number: ..........................

Amount Paid: ..........................  Receipt No.: ..........................

Payment Effect by:
- Cash: ..........................
- Bank Card: ..........................
- Cheque: ..........................