

Evidence of 30-Hour Structured Work Placement - Logbook

Please record **every attendance**. This form is to be signed by the **industry professional**.

| The candidate (student) is to fill out this table (white columns) for each shift/session they have completed. | | | | The industry professional on the shift needs to sign off for each shift/session completed (the grey columns). | | |
|---|---|------------|-------------|--|--------------------------|-----------|
| Date | Duration | Start Time | Finish Time | Brief Description | Employer/Supervisor Name | Signature |
| | Duration of observation for each activity | | | For examples of types of sessions to observe, please refer to the Workplace Demonstration Tasks below | | |
| 01/01/17 | 2 hours | 11am | 1pm | Observed mentor conducting a pre-exercise health questionnaire. Performed a blood pressure test on my mentor. | John Smith | J. Smith |
| 07/01/20 | 2 hours | 9am | 11am | Observed mentor provide programs that match new client needs and expectations | | |
| 08/01/20 | 1 hour | 10:30am | 11:30am | Observed mentor organise and confirm client appointment times for upcoming programs. Performed record keeping with supervision of mentor | | |
| 08/01/20 | 1 hour | 11:30 am | 12:30 am | Observed mentor provide programs as timed in schedules | | |
| 09/01/20 | 2 hours | 10:00 am | 12:00 pm | Observed mentor follow processes to ensure client confidentiality and privacy is maintained. | | |

| Date | Duration | Start Time | Finish Time | Brief Description | Employer/Supervisor Name | Signature |
|----------|----------|------------|-------------|---|--------------------------|-----------|
| 10/01/20 | 1 hour | 9:00 am | 10:00 am | Role played with monitor a series of client complaints requiring resolution or referral depending on the scenario | | |
| 13/01/20 | 1 hour | 1:00pm | 2:00 pm | observed and performed: - equipment cleaning and restocking supplies - checking equipment for damage | | |
| 13/01/20 | 1 hour | 2:00 pm | 3:00 pm | observed and performed - lubricating and re-inflating equipment | | |
| 15/01/20 | 2 hours | 9:00am | 11:00 am | observed and performed - safe storage of equipment - Monitor the equipment in the facility (gym and emergency equipment) | | |
| 17/01/20 | 3 hours | 10:00 am | 1:00 pm | observed and helped plan 5 long term exercise programs for clients with specific goals. Explained to monitor major muscle groups involved in exercises and why certain exercises were appropriate for goals | | |
| 22/01/20 | 2 hours | 9:00 am | 11:00 am | observed and help plan and documents personal training exercise programs for clients with specific goals. Explained to monitor major muscle groups that would be involved in the exercises and why certain exercises were appropriate to meet certain goals | | |

| Date | Duration | Start Time | Finish Time | Brief Description | Employer/Supervisor Name | Signature |
|----------|----------|------------|--------------------------|---|--------------------------|-----------|
| 23/01/20 | 1 hour | 7:30 am | 8:30 am | Observed mentor, participated, explained and instructed static and dynamic warm up exercises | | |
| 27/01/20 | 2 hours | 9:00 am | 10:00 11am | observed and performed a series of cardiovascular resistance and flexibility exercises using ESIC principals. | | |
| 04/02/20 | 2 hours | 9:00 am | 11:00 am | observed mentor construct modified programs for clients needs, goals and fitness progressions | | |
| 05/02/20 | 2 hours | 10:00 am | 12:00 pm | observed mentor and provided guided assistance to clients at the gym and during fitness programs. observed mentor and spoke about anatomical movement terminology during a fitness program (major muscles used in specific exercises) (also movement terminology) | | |
| 07/02/20 | 2 hours | 11:00 am | 1:00 pm | Role played with mentor a demonstration of circuits suitable for children / adolescents (strength, cardio, flexibility) | | |
| 11/02/20 | 1 hour | 9:00 am | 10:00 am | Role played with mentor a demonstration of circuits suitable for children / adolescents (functional motor skills, agility) | | |

Programming, anatomy, and physiology (PAP1)

| Task | Client 1 | |
|--|-------------------------------------|--------------------------|
| | S | NYS |
| The candidate must demonstrate the following tasks to an industry standard. | S | NYS |
| Ensures appropriate planning of sessions/exercises/equipment before conducting the session with the client. Plans should include a mixture of controlled and uncontrolled environments. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Student provides an explanation of the warm-up for a variety of sessions Student mentions a minimum of two of the following: <ul style="list-style-type: none"> – Methods of reducing the potential risk of injury – Prepares the body for main component/conditioning of the session – Identifies any potential modifications to the prescribed training program | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Warm-up appropriate to the activity and programs Activities mimic the movement patterns of the training session Student provides adequate spacing for the client to perform dynamic exercises safely | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Appropriate intensity of warm-up for a variety of programs Intensity should be low in nature, gradually increasing over time For cardiovascular exercise warm-up student follows the protocol of average 60–70%MHR for 3–5 minutes at a constant pace For resistance training, initial set should be a lower 1RM% than working sets Student should not increase activity moderate or high intervals within this period Client is not showing signs of early fatigue due to excessive intensity <ul style="list-style-type: none"> – Uncontrolled breathing – Incorrect technique – Excessive heart rate levels – Poor range of motion – Client experiences some pain Modifies warm-up intensity depending on client's current unforeseen conditions, such as insufficient sleep, overstressed, insufficient recovery from previous training sessions | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clear and concise directions throughout all sessions Student confirms client's understanding through questions Student uses an audible voice Student's body language is positive throughout the session Student corrects the client's actions through positive reinforcement Student uses active listening techniques | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses appropriate dynamic stretches, and conducts them with correct instruction and duration Student uses ESIC to demonstrate dynamic stretches Student conducts dynamic stretches that cover the major joints, such as: <ul style="list-style-type: none"> – Shoulders, elbows, spines, hips, knees, ankles, neck (optional wrists) – Dynamic stretches must be conducted with gentle controlled movements Student modifies the client's range of motion to increase safety if the client is showing signs of incorrect technique or lack of controlled movement | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |

| Task | Client 1 | |
|---|-------------------------------------|--------------------------|
| | S | NYS |
| The candidate must demonstrate the following tasks to an industry standard. | | |
| Provides accurate advice to client's questions Provides anatomical and physiological terms relating to warm-up and dynamic stretching protocols, such as: <ul style="list-style-type: none"> - Energy systems being used for the varying training sessions - Stretch reflex concepts - Joint synovial fluid is secreted to increase lubrication of the joint cartilage | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Skills must be demonstrated in a space that could be used for sport, recreation, or fitness work purposes Student must perform this demonstration in a gym facility or a corporate sport and recreational facility that has commercial grade exercise equipment | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexibility training (examples included): Dynamic (warm-up) Static (cool-down) Proprioceptive neuromuscular facilitation (cool-down) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cardiovascular exercises (example included): Machines Outdoors/Indoors Circuits, continuous, and interval | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Resistance exercises (examples included): Free weights Machine weights Proprioception and stability training equipment Body weight resistance only Resistance bands <ul style="list-style-type: none"> • Students must choose from the following list of resistance exercises to conduct: <ul style="list-style-type: none"> - Squat - Static lunge - Push-up - Triceps dips - Prone back extension - Shoulder press - Abdominal crunches - Bent over row - Lateral raise - Modified dead lift - Prone hover - Bicep curl - Standing calf raises - Tricep pushdowns - Lying tricep extension | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Introduces the exercise - ESIC (Explain, Show, Instruct, Cue) The student should conduct the following protocol: EXPLAIN: name of exercise <ul style="list-style-type: none"> - Target/prime moving muscles SHOW: student conducts exercise in silence as client observes INSTRUCT: student repeats demonstration breaking down the exercise in the following steps: 1. Set-up - starting position | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| Task | Client 1 | |
|--|-------------------------------------|--------------------------|
| | S | NYS |
| The candidate must demonstrate the following tasks to an industry standard. | | |
| 2. Technical - concentric and eccentric movements of the exercise | | |
| 3. Core - vital position/s to keep the movement/exercise safe | | |
| CUE: breathing technique | | |
| – Set-up | | |
| – Technical | | |
| – Core | | |
| If movements are unsafe, student stops client performing exercise and then repeats instructions | | |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Instructs and gives constant feedback to client | | |
| Student gives specific feedback about correct exercise techniques | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Student uses both verbal and non-verbal communication techniques to give feedback | | |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Modifies the program as necessary with and without guidance from allied health professionals | | |
| Student modifies exercise by: | | |
| Regressing or progressing | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Reducing ROM or increasing ROM | | |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Praises client's performance | | |
| Student uses verbal and non-verbal techniques | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health and safety components explained to clients | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Instructs a variety of specific population groups with accurate requirements | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Monitors clients for poor exercise tolerance | | |
| • Student uses the following techniques: | | |
| – Visual cues of poor technique | | |
| – Weight lifted too heavy | | |
| – Uncontrolled breathing for an extended period | | |
| – Heart rate above safe working level | | |
| – Excessive redness in the face | | |
| – Fainting | | |
| – Dizziness | | |
| – Lack of concentration | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prescribes appropriate intensity for cool-down | | |
| Student explains the physiological reasons for a cool-down, such as: | | |
| – Safely and slowly reducing elevated heart rates toward resting levels, dizziness, fainting | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| – EPOC (excess post oxygen consumption) | | |
| – Assists the body to remove waste products (lactic acid, carbon dioxide) faster and more safely | | |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |

| Task | Client 1 | |
|---|-------------------------------------|--------------------------|
| | S | NYS |
| The candidate must demonstrate the following tasks to an industry standard. | | |
| Uses appropriate static, partner, and PNF stretches, and conducts them with correct instruction and duration | | |
| Student accurately explains the reason for stretching, such as: <ul style="list-style-type: none"> - Increases in range of motion - Injury prevention - Assists in preparing the body for the next training session | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Student stretches the following major muscles or groups (minimum of four): <ul style="list-style-type: none"> • Pectoral group • Latissimus dorsi • Gluteals • Hamstrings • Quadriceps <ul style="list-style-type: none"> • Calf muscles • Hip flexors • Deltoids • Shoulder internal rotators | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Student uses visual cues to assess client's safe range of motion through the stretch process | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Students asks client clear and concise questions through the stretch process | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Student performs a minimum of two partner-assisted stretches | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Student performs a minimum of one static and PNF (proprioceptive neuromuscular facilitation) stretch | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Client screening (CS2)

| Task | Client 1 | | Client 2 | | Client 3 | | Client 4 | | Client 5 | |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | S | NYS | S | NYS | S | NYS | S | NYS | S | NYS |
| The candidate must demonstrate the following tasks to an industry standard. | | | | | | | | | | |
| Dresses in appropriate attire for all sessions | | | | | | | | | | |
| Student abides by the following: | | | | | | | | | | |
| Clean AIPT shirt or active wear shirt is worn | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Clean shorts or active wear pants are worn | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Student's hair is neatly worn | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Excess jewellery is removed on the gym floor | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Clean enclosed sports shoes are worn | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensures session plans are clear and appropriate to client's goals | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Outlines the boundaries of their professional practice, e.g. role of a fitness instructor and instances needing referral | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Facility's policies and procedures, as related to customer service/WHS, have been cited and explained | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Makes client aware of confidentiality processes | | | | | | | | | | |
| Student clarifies the Privacy Act by stating that information provided by client will not be shared unless permission is first given | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Student outlines how the client's information will be kept secure, such as: | | | | | | | | | | |
| – Student's computer | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| – Facility's lockable filing cabinet | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Equipment is prepared and in the appropriate order according to programs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| There is consideration of other gym users | | | | | | | | | | |
| Provides adequate spacing for client and other gym members | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Uses open spaces to perform dynamic exercises | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Returns equipment to rightful position/spot | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Service provided in a timely manner | | | | | | | | | | |
| Delivers all aspects of services within the facility's/student's time schedules | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Equipment is checked and tested for availability and client safety | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responds appropriately to social and cultural factors | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| Task | Client 1 | | Client 2 | | Client 3 | | Client 4 | | Client 5 | |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | S | NYS | S | NYS | S | NYS | S | NYS | S | NYS |
| The candidate must demonstrate the following tasks to an industry standard. | | | | | | | | | | |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses the standard pre-exercise screening tool, risk stratification, and lifestyle questionnaire for a variety of clients | | | | | | | | | | |
| Student uses AIPT supplied screening tools: APPS forms AIPT lifestyle questionnaire AIPT client fitness appraisal template | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Client's limitations/barriers are considered and documented for each session x 5 | | | | | | | | | | |
| Questions 1–7 asked (stage 1) Questions 1–12 asked (stage 2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interacts with the client/s in a friendly and courteous manner, using appropriate communication strategies and organisational channels to collect, handle, and clarify sensitive information and to respond to client queries | | | | | | | | | | |
| Communicates privacy legislation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses appropriate risk stratification process | | | | | | | | | | |
| Questions 1–7 asked (stage 1) Questions 1–12 asked (stage 2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Establishes client's likes and dislikes | | | | | | | | | | |
| Asks questions 3, 6–12 (AIPT lifestyle questionnaire) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses a range of communication methods, i.e. verbal, non-verbal, written, and demonstration | | | | | | | | | | |
| Student can use the following verbal/non-verbal methods: Smile Shake hand of client (optional if you feel it is culturally acceptable) Open body language Not crossing arms Making regular eye contact with the client | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Student collaborates with the client to implement healthy eating habits | | | | | | | | | | |
| Student asks question 13 Student documents gaps from information in Q13 and makes recommendations in line with Healthy Eating Guidelines | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Task | Client 1 | | Client 2 | | Client 3 | | Client 4 | | Client 5 | |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | S | NYS | S | NYS | S | NYS | S | NYS | S | NYS |
| The candidate must demonstrate the following tasks to an industry standard. | | | | | | | | | | |
| Select fitness appraisals that are relevant and safe for the client Student must conduct blood pressure, BMI, hip-to-waist, Queen's College step test, shoulder flexibility test, and girth measurements 1RM, wall sit, and push-up tests can be optional dependent upon the client's abilities, injuries, age, and training age | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refers to outcomes of pre-screening in this process Student totals all the risk factors and writes this in the "Risk Stratification" section All health and fitness test results are referring to standardised normative data, such as www.topendsports.com or www.exrx.net Confirms scope of practice and the requirement of referrals if results are out of scope Student uses anatomical and physiological terms to explain results and desired positive adaptations with exercise | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Utilises appropriate equipment and organises it neatly <ul style="list-style-type: none">• Watch/stop watch• All forms/templates• Pen• Equations for BMI, hip-to-waist ratio Blood pressure machine Measuring tape Calculator Metronome | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Follows protocol for (minimum of five from the list below, including two fitness specific): Blood pressure – The sphygmomanometer is placed on a bench where the subject cannot see the mercury column – Blood pressure is recorded after the subject has rested quietly for five minutes, and this measure should precede all other measures – The subject is seated, with the arm resting on the bench and the elbow approximately at the level of the heart – The cuff is attached, the pressure then increased to approximately 180 mm Hg – The stethoscope is placed over the brachial artery in the cubital fossa. The | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| Task | Client 1 | | Client 2 | | Client 3 | | Client 4 | | Client 5 | |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | S | NYS | S | NYS | S | NYS | S | NYS | S | NYS |
| <p>The candidate must demonstrate the following tasks to an industry standard.</p> <p>pressure is released at a rate of approximately 2 mm per second</p> <ul style="list-style-type: none"> - The pressure at which the first sounds are heard (systolic pressure) and the pressure when all sounds disappear (diastolic pressure) are recorded - Student reviews result against normative data (below), and explains to client the result <ul style="list-style-type: none"> o Acceptable Systolic <140 o Borderline Systolic 140–160 o High Systolic >160 o Acceptable Diastolic <85 o Borderline Diastolic 85–95 o High Diastolic > 95 | | | | | | | | | | |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Height, weight > BMI</p> <ul style="list-style-type: none"> - Measures client's height using measuring tape by having them stand against a wall, head straight - Using scales, weighs the client's weight - BMI is calculated by taking a person's weight and dividing by their height squared ($1.82 * 1.82 = 3.3124$. If weight is 70.5 kilograms, then BMI is 21.3 ($70.5 / 3.3124$)) <ul style="list-style-type: none"> o Underweight < 18.50 o Normal range 18.5–24.99 o Overweight > 25.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Girth measurements (Note: For all of these measurements, do not share the results until the end.)</p> <ul style="list-style-type: none"> - Chest measurements are taken by standing behind client and asking them to feed the measuring tape along the chest at nipple height to the other side of the body. Grab the tape off the client, and line the tap up with the initial side. - Waist measurements are taken by standing behind client and asking them to feed the measuring tape along the belly button line and grabbing the on | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| Task | Client 1 | | Client 2 | | Client 3 | | Client 4 | | Client 5 | | | |
|---|---|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| The candidate must demonstrate the following tasks to an industry standard. | S | NYS | S | NYS | S | NYS | S | NYS | S | NYS | | |
| <p>the other side of the body and line the tape up with the initial side.</p> <ul style="list-style-type: none"> Hip measurements are taken by standing to the side of the client and asking them to take the measuring tape and feeding it to the other side of the body. Once you have received the tape back, line it up with the largest portion of the hips/bum. Arm measurements (one side) are taken by having the elbow flexed at 90° and flexing the biceps. Place the tape around the largest portion of the bicep. Thigh measurements (one side) are taken by standing in front of the client (kneeling) and measuring between 15–20 cm (depending on height) from the patella. Place the tape horizontally around the thigh, and measure. Calf measurements (one side) are taken by kneeling in front of the client and finding the largest portion of the calf. Wrap the measuring tape around the calf. <p>Once you are finished measuring the client, sit with them, and discuss results.</p> | | | | | | | | | | | | |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <p>Waist-to-hip ratio</p> <p>Take the measurements from the circumference test (waist/hip), and perform the following:</p> <ul style="list-style-type: none"> Waist-to-hip ratio (WHR) = G_w / G_h, where G_w = waist girth, G_h = hip girth Share results with client by using the normative data <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Male:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Excellent: <0.85 <input type="checkbox"/> Good 0.85–0.90 <input type="checkbox"/> Average 0.90–0.95 <input type="checkbox"/> High 0.95–1.00 <input type="checkbox"/> Extreme >1.00 </td> <td style="width: 50%; vertical-align: top;"> <p>Female:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Excellent <0.75 <input type="checkbox"/> Good 0.75–0.80 <input type="checkbox"/> Average 0.80–0.85 <input type="checkbox"/> High 0.85–0.90 <input type="checkbox"/> Extreme >0.90 </td> </tr> </table> | <p>Male:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Excellent: <0.85 <input type="checkbox"/> Good 0.85–0.90 <input type="checkbox"/> Average 0.90–0.95 <input type="checkbox"/> High 0.95–1.00 <input type="checkbox"/> Extreme >1.00 | <p>Female:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Excellent <0.75 <input type="checkbox"/> Good 0.75–0.80 <input type="checkbox"/> Average 0.80–0.85 <input type="checkbox"/> High 0.85–0.90 <input type="checkbox"/> Extreme >0.90 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>Male:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Excellent: <0.85 <input type="checkbox"/> Good 0.85–0.90 <input type="checkbox"/> Average 0.90–0.95 <input type="checkbox"/> High 0.95–1.00 <input type="checkbox"/> Extreme >1.00 | <p>Female:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Excellent <0.75 <input type="checkbox"/> Good 0.75–0.80 <input type="checkbox"/> Average 0.80–0.85 <input type="checkbox"/> High 0.85–0.90 <input type="checkbox"/> Extreme >0.90 | | | | | | | | | | | |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

| Task | Client 1 | | Client 2 | | Client 3 | | Client 4 | | Client 5 | |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | S | NYS | S | NYS | S | NYS | S | NYS | S | NYS |
| <p>The candidate must demonstrate the following tasks to an industry standard.</p> <p>Shoulder flexibility</p> <ul style="list-style-type: none"> – Test your left shoulder by standing with your right arm straight up, then bend your elbow so that your hand hangs behind your head. – Keeping your upper arm stationary, rest your palm between your shoulder blades. – Reach around behind you with your left arm so the palm is facing out, and try to touch the fingers of both hands together. Measure the minimum distance between hands. – Reverse the procedure and repeat with the opposite shoulder. – Results: <ul style="list-style-type: none"> ○ Good - fingers are touching ○ Poor - if fingers are not touching | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Queen's College step test</p> <ul style="list-style-type: none"> – The athlete steps up and down on the platform at a rate of 22 steps per minute for females and at 24 steps per minute for males. – The subjects are to step using a four-step cadence, 'up-up-down-down' for three minutes. – The athlete stops immediately on completion of the test, and the heart beats are counted for 15 seconds from 5–20 seconds of recovery. – Multiply this 15 second reading by 4 will give the beats per minute (bpm). – Men: $VO_{2max} (ml/kg/min) = 111.33 - (0.42 \times \text{heart rate (bpm)})$. – Women: $VO_{2max} (ml/kg/min) = 65.81 - (0.1847 \times \text{heart rate (bpm)})$. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Muscular endurance test (wall sit)</p> <ul style="list-style-type: none"> – Stand comfortably with feet approximately shoulder width apart, with client's back against a smooth vertical wall. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| Task | Client 1 | | Client 2 | | Client 3 | | Client 4 | | Client 5 | |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | S | NYS | S | NYS | S | NYS | S | NYS | S | NYS |
| <p>The candidate must demonstrate the following tasks to an industry standard.</p> <ul style="list-style-type: none"> – Client slowly slides back down the wall to assume a position, with both their knees and hips at a 90° angle. – The timing starts when one foot is lifted off the ground and is stopped when the subject cannot maintain the position and the foot is returned to the ground. – After a period of rest, the other leg is tested. – Share results by reviewing the following normative data: <ul style="list-style-type: none"> ○ Excellent- Male >100 sec / Female >60 sec ○ Good - Males 75–100 sec / Female 45–60 sec ○ Average Male 50–75 sec / Female 35–45 sec ○ Below Average Male 25–50 / Female 20–35 ○ Very Poor Male <25 sec / Female <20 | | | | | | | | | | |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Push-up test</p> <ul style="list-style-type: none"> – The aim of this test is to perform as many push-ups in you can. – Men should use the standard "military style" push-up position, with only the hands and the toes touching the floor in the starting position. – Women have the additional option of using the "bent knee" position. To do this, kneel on the floor, place hands on either side of the chest, and keep your back straight. – Lower the chest down towards the floor. Always to the same level each time, which is the chest touching the ground. – Do as many push-ups as possible until exhaustion. – Count the total number of push-ups performed. – See normative data for results. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Task | Client 1 | | Client 2 | | Client 3 | | Client 4 | | Client 5 | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | S | NYS | S | NYS | S | NYS | S | NYS | S | NYS |
| <p>The candidate must demonstrate the following tasks to an industry standard.</p> <p>Demonstrates awareness of client comfort during testing and stops test where required: Technique needs to be performed correctly for each exercise or cease the test. Student is to use the Borg scale if performing cardiovascular endurance test. Student is to seek for visual cues that client is performing tests under control: excessive redness in the face, uncontrolled breathing, dizziness, can talk but not hold a conversation. There are unusual signs of fatigue. Chest pains so ceases exercise</p> | | | | | | | | | | |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Specific populations and older adults (SPOA3)

| Task | Client 1 | | Client 2 | |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | S | NYS | S | NYS |
| The candidate must demonstrate the following tasks to an industry standard. | S | NYS | S | NYS |
| Allocate sufficient space, assemble resources, and check equipment for safety and maintenance requirements. The student is: | | | | |
| <ul style="list-style-type: none"> To use open spaces as much as possible when conducting dynamic stretches and static or PNF stretches To be mindful of other gym users and not to endanger them when client is performing exercise/s Not to leave equipment such as dumbbells lying around in harm's way To check adjustable equipment for safety prior to client using them | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provide clear exercise instructions and confirm client understanding. The student: | | | | |
| <ul style="list-style-type: none"> Must use the ESIC principle when demonstrating exercises Must confirm client understands basics of exercise prior to moving onto the subsequent exercise Is to use appropriate industry terminology as required | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrate exercises, techniques, and equipment to client. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Monitor participation and performance to identify signs of exercise intolerance, and modify as required. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Monitor client intensity, techniques, posture, and safety, and modify program as required. The student: | | | | |
| <ul style="list-style-type: none"> Must use the Borg scale during cardiovascular exercise Must continually observe client conducting resistance exercises Can use a heart rate monitor if desired Can use the talk test during cardiovascular exercise | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Seek ongoing guidance from, or refer client to, medical or allied health professionals as appropriate. The student: | | | | |
| <ul style="list-style-type: none"> Must cease the session if client experiences difficulties that cannot be managed within scope of practice Must communicate the need to refer to client as required Is to communicate plan of action to assist client returning home safely | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Task | Client 1 | | Client 2 | |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | S | NYS | S | NYS |
| The candidate must demonstrate the following tasks to an industry standard. | S | NYS | S | NYS |
| Select and use communication techniques that encourage and support clients. The student: | | | | |
| <ul style="list-style-type: none"> • Must use positive reinforcement • Must use open body language • Must use open ended questions • Can use non-verbal positive communication techniques if client is accepting, such as: <ul style="list-style-type: none"> – High five – Pat on the back – Light touch of the area the client should be feeling the exercise/s | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Modify session as required, considering basic mechanics, safety, and fitness outcomes. The student can modify the session by the following: | | | | |
| <ul style="list-style-type: none"> • Decreasing repetitions • Decreasing load of lift • Increasing recovery time • Regressing exercise • Reducing range of motion of exercise/s • Increasing time under tension • Decreasing volume (sets) • Reducing MHR (cardiovascular exercise/s) • Decreasing frequency | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respond to clients experiencing difficulties, and answer questions as required. The student must: | | | | |
| <ul style="list-style-type: none"> • Use open body language • Ask open-ended questions • Use appropriate terminology as required • Provide a solution to the difficulty shown by the client | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Complete session documentation and progress notes. The student is to: | | | | |
| <ul style="list-style-type: none"> • Document the appropriate weight lifted for client with each exercise within the program • Submit all completed program templates as part of the evidence | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Induction, quality service, and WHS (EAE12) – min 2 hrs.

| Task | Service Period 1 | | Service Period 2 | | Service Period 3 | | Service Period 4 | | Service Period 5 | |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | S | NYS | S | NYS | S | NYS | S | NYS | S | NYS |
| The candidate must demonstrate the following tasks to an industry standard. | S | NYS | S | NYS | S | NYS | S | NYS | S | NYS |
| Dresses in appropriate attire for all sessions | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Attempt 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensures session plans are clear and appropriate to client's goals | | | | | | | | | | |
| <ul style="list-style-type: none"> Seeks feedback from client during and post session to ensure needs are met Uses client-appropriate language | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Attempt 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Outlines the boundaries of their professional practice, e.g. role of a fitness instructor and instances needing referral | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Attempt 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Facility's policies and procedures related to customer service/WHS have been cited and explained | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Attempt 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Makes client aware of confidentiality processes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Attempt 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Equipment is prepared and in appropriate order according to programs | | | | | | | | | | |
| <ul style="list-style-type: none"> Conducts minor repairs where needed Conducts a safety check on equipment Notifies supervisor of any damaged or faulty equipment | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Attempt 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| There is consideration of other gym users | | | | | | | | | | |
| <ul style="list-style-type: none"> Follow duty of care | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Attempt 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Service is provided in a timely manner | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Attempt 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Equipment is checked and tested for availability and client safety | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Attempt 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Training area is checked for potential hazards, which are duly removed as per the relevant WHS policy and procedure | | | | | | | | | | |
| <ul style="list-style-type: none"> Equipment is maintained in accordance with equipment schedule and manufacturers guidelines All equipment is sufficiently stored after use | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Attempt 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responds appropriately to social and cultural factors | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Attempt 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Planning programming and training (GRPEX14) – min. 5 hrs

| Task | Plan and Program 1 | | Plan and Program 2 | | Plan and Program 3 | | Plan and Program 4 | | Plan and Program 5 | |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | S | NYS | S | NYS | S | NYS | S | NYS | S | NYS |
| The candidate must demonstrate the following tasks to an industry standard. | S | NYS | S | NYS | S | NYS | S | NYS | S | NYS |
| Ensures appropriate planning of sessions/exercises/equipment before conducting the session with the client. Plans should be within a controlled environment. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| During the session, monitors the client's entire performance while undertaking activities and makes modifications and adjustments where needed: | | | | | | | | | | |
| <ul style="list-style-type: none"> Modification are to level of impact activities suitable to the client (low, medium, high) Adjust the weights and equipment being used to suit the clients Slow the pace of the session if clients are struggling | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Warm-up (GRPEX14) – min. 2 hrs

| Task | Client 1 | | Client 2 | | Client 3 | | Client 4 | | Client 5 | |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | S | NYS | S | NYS | S | NYS | S | NYS | S | NYS |
| The candidate must demonstrate the following tasks to an industry standard. | S | NYS | S | NYS | S | NYS | S | NYS | S | NYS |
| Explanation of the warm-up for a variety of sessions | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Warm-up appropriate to the activity and programs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Appropriate intensity of warm-up for a variety of programs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clear and concise directions are given throughout all sessions | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses appropriate dynamic stretches, and conducts them with correct instruction and duration | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provides accurate advice to client's questions | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Delivering/conducting programming and training (GRPEX14) – min. 5 hrs

| Task | Client 1 | | Client 2 | | Client 3 | | Client 4 | | Client 5 | |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | S | NYS | S | NYS | S | NYS | S | NYS | S | NYS |
| The candidate must demonstrate the following tasks to an industry standard. | S | NYS | S | NYS | S | NYS | S | NYS | S | NYS |
| Skills must be demonstrated in a fitness industry workplace or simulated environment. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexibility training (examples included): | | | | | | | | | | |
| • Dynamic | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Static | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cardiovascular exercises (example included): | | | | | | | | | | |
| • Machines | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Circuits, continuous, and interval | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Resistance exercises (examples include): | | | | | | | | | | |
| • Free weights | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Machine weights | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Proprioception and stability training equipment | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Body weight resistance only | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Develops a variety of fitness programs over a period of time | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Introduces the exercise – ESIC (Explain, Show, Instruct, Cue) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explains the muscles, bones, and joints targeted in the exercise | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Correct movement terminology is used to describe exercise | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Energy systems identified for cardiovascular exercise | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Selects equipment, cardio and resistance based, according to client's goals | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates the exercise with correct technique | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gives appropriate key teaching points | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Instructs and gives constant feedback to client | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Modifies the program as necessary, with and without guidance from allied health professionals | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Task | Client 1 | | Client 2 | | Client 3 | | Client 4 | | Client 5 | |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | S | NYS | S | NYS | S | NYS | S | NYS | S | NYS |
| The candidate must demonstrate the following tasks to an industry standard. | S | NYS | S | NYS | S | NYS | S | NYS | S | NYS |
| Praises client's performance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health and safety components explained to clients | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Schedules client for next session | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Monitors clients for poor exercise tolerance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Participants monitored during session, and modifications made as necessary to cater for multiple fitness levels and to reduce risk of injury | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Encourages group cohesion during session, and responds to any difficulties that arise | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Delivering/conducting group exercise programming and training (GRPEX14)

| Task | Client 1 | | Client 2 | | Client 3 | | Client 4 | | Client 5 | |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | S | NYS | S | NYS | S | NYS | S | NYS | S | NYS |
| The candidate must demonstrate the following tasks to an industry standard. | S | NYS | S | NYS | S | NYS | S | NYS | S | NYS |
| Skills must be demonstrated in a fitness industry workplace or simulated environment with and without music. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Group characteristics identified, and expected fitness outcomes taken into consideration when determining exercise/choreography of session | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Appropriate music selection and sequencing for session | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivational techniques utilised during session | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Circuit suitable for children & adolescents (CLD13)

| Task | Client 1 | | Client 2 | | Client 3 | | Client 4 | | Client 5 | |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | S | NYS | S | NYS | S | NYS | S | NYS | S | NYS |
| The candidate must demonstrate the following tasks to an industry standard. | S | NYS | S | NYS | S | NYS | S | NYS | S | NYS |
| These tasks are to be simulated (role play). Demonstration of tasks does not need to be with client in this age bracket, but exercises must be suitable for this target audience. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses functional exercises for motor skills related to participant needs: | | | | | | | | | | |
| <ul style="list-style-type: none"> • Hopping • Jumping • Throwing • Kicking | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Running • Walking • Skipping | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Follows the principles of paediatric and exercise science to enable selection of exercises appropriate to participant's characteristics and needs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Understands the stages of growth and development in children to enable effective planning of programs and selection of exercises | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clear instructional cues and feedback are given throughout sessions | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is aware of contraindications towards exercises; understands signs and symptoms associated with participants | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Deliver the approved group exercise – Overall delivery

| Task | Session 1 | |
|--|-------------------------------------|--------------------------|
| | S | NYS |
| The candidate must demonstrate the following tasks to an industry standard. | S | NYS |
| Skills must be demonstrated in a fitness industry workplace or simulated environment. This is done using the program created in the GRPEX Assignment – Case Study 2: delivering your program to clients. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prior to delivering the approved group exercise, conduct a risk assessment of your area, including equipment and location. This is done using parts 2 & 3 of the assignment. Refer to your completed template: | | |
| <ul style="list-style-type: none"> Identify all risks with equipment and location, stating the problems Notify the correct person Note any action to be taken Identify adequate controls, including risk ratings, likelihood, severity of risk and priority level Note any additional comments or actions | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Identify all housekeeping activities and benefits. This is done using part 4 of the assignment. Refer to your completed template: | | |
| <ul style="list-style-type: none"> Emergency procedures and safety exits WHS issues and support, such as Adult Pre-Screening or referrals to process to allied health professionals All duty of care requirements of your position Water and hydration needs | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Give your clients an overview of the 12-week program. This is done using part 5 of the assignment. Refer to your completed template: | | |
| <ul style="list-style-type: none"> Develop a variety of fitness programs over a period of time Explain the commitment time Explain the activities and sessions | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Welcome your clients, and explain your approved group exercise program. This is done using part 6 of the assignment. Refer to your completed template: | | |
| <ul style="list-style-type: none"> Class name and description of class; for example, low-impact cardio warm-up or freestyle cardio Duration of class Explain the equipment and style of music used during the session State the benefits State the workplace health and safety policies and procedures that impact the clients Run through the housekeeping requirements, i.e. where the amenities are located, and the location of the safety exits in case of an emergency | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Deliver your approved group exercise program. This is done using part 6 of the assignment. Refer to your completed template: | | |
| <ul style="list-style-type: none"> Conduct the warm-up using low-impact activities Explain the exercise Make modifications for suitability for all clients Explain the expected progression | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| Task | Session 1 | | | |
|--|--|--|--|--|
| | S | NYS | | |
| The candidate must demonstrate the following tasks to an industry standard. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Attempt 2</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Conduct conditioning activities and modifications, such as the following: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> Exercises <ul style="list-style-type: none"> • Push-ups • Barbell Bent over row • Planks </td> <td style="width: 50%;"> Modifications <ul style="list-style-type: none"> • Kneeing/wall push-ups • Resistance band row • Kneeling </td> </tr> </table> | Exercises <ul style="list-style-type: none"> • Push-ups • Barbell Bent over row • Planks | Modifications <ul style="list-style-type: none"> • Kneeing/wall push-ups • Resistance band row • Kneeling | | |
| Exercises <ul style="list-style-type: none"> • Push-ups • Barbell Bent over row • Planks | Modifications <ul style="list-style-type: none"> • Kneeing/wall push-ups • Resistance band row • Kneeling | | | |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Conduct cooling-down activities and modifications, such as the following: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> Exercises <ul style="list-style-type: none"> • Standing hamstring • Standing quad stretch • Kneeling quad stretch </td> <td style="width: 50%;"> Modifications <ul style="list-style-type: none"> • Lying hamstring stretch • Lying quad stretch • Lying quad stretch </td> </tr> </table> | Exercises <ul style="list-style-type: none"> • Standing hamstring • Standing quad stretch • Kneeling quad stretch | Modifications <ul style="list-style-type: none"> • Lying hamstring stretch • Lying quad stretch • Lying quad stretch | | |
| Exercises <ul style="list-style-type: none"> • Standing hamstring • Standing quad stretch • Kneeling quad stretch | Modifications <ul style="list-style-type: none"> • Lying hamstring stretch • Lying quad stretch • Lying quad stretch | | | |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Give examples of progression exercises during the session, ensuring correct movement terminology is used to describe exercise. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Demonstrates the exercise with correct technique | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Gives appropriate key teaching points | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Instructs and gives constant feedback to client | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Modifies the program as necessary with and without guidance from allied health professionals | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Praises client's performance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Watches all clients to ensure health and safety is undertaken during the session | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Schedules client for next session | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Monitors clients for poor exercise tolerance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Communicates with clients in a professional manner, ensuring they are mindful of the following: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| <ul style="list-style-type: none"> • Appropriate for age • Different social and cultural background • Special needs and ability of each person | | | | |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| At the end of the session, ensure you conduct an equipment audit/check: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| <ul style="list-style-type: none"> • Review all equipment • Note any faults • Report to appropriate person if needed • Record all issues | | | | |
| <i>Attempt 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Overall Feedback

Overall Industry Professional Feedback

Specify any improvement you could recommend relating to this workplace demonstration.

| Attempt Result | Satisfactory | Unsatisfactory |
|---------------------|--|--------------------------|
| PAP1 Comments | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| CS2 Comments | <p>Nally needs to keep exercise instructions short & clear. She needs to make sure she gets an indication of client understanding. She does demonstrate the understand what is required of her.</p> <p>Good identification of risk factors & communication with client about what the results mean. Health test were well understood & interpreted</p> | |
| SPOA3 Comments | <p>A good identification of factors that affect the client's ability to perform a fitness program. Good monitoring of</p> | |
| EAE12 Comments | <p>Nally shows excellent complaint resolution skills when dealing with the client through active listening & problem solving tactics. ^{incorrect performance in program.}</p> | |
| GRPEX14 Comments | <p>Nally provided clear instructions and good demonstration of program in a confident manner.</p> | |
| CLD13 Comments | <p>Shows good level of patience & understanding in dealing with minors. Excellent motivation to provide a stimulating program.</p> | |

Student's name: Nally Uvel

Student's signature: _____

Date: _____

Industry professional's name: _____

Industry professional's signature: _____

Date: _____

| | |
|---------------|----------------------|
| Name | Nally Unel |
| Email address | nally.unel@gmail.com |

Adult Pre-Exercise Screening Tool

This screening tool does not provide advice on a particular health matter, nor is it a substitute for advice from a qualified health professional. No warranty of safety should result from its use. The Adult Pre-Exercise Screening Tool in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by the Australian Institute of Personal Trainers (AIPT) for any loss, damage or injury which may arise from any person acting on any statement or information contained in.

| | | | |
|-------|---------------|---------|----------|
| Name: | Melanie Power | Date: | 23/01/20 |
| D.O.B | 01/06/94 | Gender: | Female |

AIM: to identify those individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse event during physical activity/exercise. This stage is self-administered and self-evaluated.

| | Question | Please circle response |
|----|--|---|
| 1. | Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke? | Yes / <input checked="" type="radio"/> No |
| 2. | Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise? | Yes / <input checked="" type="radio"/> No |
| 3. | Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance? | Yes / <input checked="" type="radio"/> No |
| 4. | Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? | Yes / <input checked="" type="radio"/> No |
| 5. | If you have diabetes (type I or II) have you had trouble controlling your blood glucose in the last 3 months? | Yes / <input checked="" type="radio"/> No |
| 6. | Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise? | Yes / <input checked="" type="radio"/> No |
| 7. | Do you have any other medical condition/s that may make it dangerous for you to participate in physical activity/exercise? | Yes / <input checked="" type="radio"/> No |

- If you answered 'Yes' to any of the questions, please seek referral from your doctor or appropriate allied health profession prior to undertaking physical activity/exercise.
- If you answered 'No' to all of the questions and you have no other concerns about your health, you may proceed to undertake light/moderate intensity of physical activity/exercise.

| | | |
|--|---|--------------|
| Height (cm): 168 Weight (kg): 78 BMI= 27.6 | BMI >30kg/m ² = +1 risk factor | |
| Have you been told that you have high blood pressure? | If yes = +1 risk factor | |
| Have you been told that you have high cholesterol? | If yes = +1 risk factor | |
| Have you ever been told that you have high blood sugar? | If yes = +1 risk factor | |
| Total risk factors = | | |
| <ul style="list-style-type: none"> >2 risk factors – moderate risk clients Individuals at moderate risk may participate in aerobic physical activity/exercise at a light or moderate intensity. <2 risk factors – low risk clients Individuals at a low risk may participate in aerobic physical activity/exercise up to a vigorous or high intensity. | | |
| Declaration: | | |
| I believe that to the best of my knowledge, all of the information I supplied within this tool is correct. | | |
| Signature: | | Date: |

| Question | Details |
|---|--|
| Have you spent time in hospital (including day admission) for any medical condition/illness/injury during the last 12 months? | If yes , provide details: No |
| Are you currently taking prescribed medication/s for a medical condition/s? | If yes , provide details: No |
| Are you pregnant or have you given birth within the last 12 months? | If yes , provide details: No |
| Do you have any muscle, bone or joint pain or soreness that is made worse by particular types of activity? | If yes , provide details: No |

AIM: to identify those individuals with risk factors or other conditions to assist with appropriate exercise prescription. This stage is to be administered by a qualified exercise professional.

| Details | | | | Calculation | Risk Factors | |
|--|------------------|-----------------|-----------------|--|--|----|
| Age: 26 Gender: Male / Female | | | | >45yrs males or >55yrs females = +1 risk factor | | |
| Family history of heart disease (stroke, heart attack etc.): | | | | | | |
| Relative | Age | Relative | Age | If male <55yrs = +1 risk factor If female <65yrs = +1 risk factor Maximum of 1 risk factor for this question | | |
| Father | | Mother | | | | |
| Brother | | Sister | | | | |
| Son | | Daughter | | | | |
| Do you smoke cigarettes regularly (daily or weekly) or have you quit smoking in the last 6 months? | | | | If yes = +1 risk factor | | |
| Describe your current physical activity/exercise level: | | | | | | |
| | Sedentary | Light | Moderate | Vigorous | If physical activity level <150min/week = +1 risk factor If physical activity level >150min/week = -1 risk factor (vigorous physical activity/exercise weighted x 2) | +1 |
| Frequency (sessions per week) | | 3 | | | | |
| Duration (minutes per week) | | 120 | | | | |

AIPT Lifestyle Questionnaire Template

| | | | |
|---------------|-------------------------|--------|-------------------------|
| Name | Nally Vnel | | |
| Email address | nally.vnel@gmail.com | | |
| Name | Melanie Power | Sex | M/F |
| Address | 123 Fifth Ave Melbourne | D.O.B. | 23/01/20 |
| Tel. | 03 9436 4040 | Email | melanie.power@gmail.com |

In case of emergency, whom can we contact? N/A

Occupation: Please explain your position along with the physical and mental responsibilities involved.

Student - long periods at the computer

On a scale of 1 to 10 (1=not active, 10=very active), please rate how active you are on a daily basis.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

How many hours' sleep do you get every day? 9 hours

Are you currently involved in any exercise program? If yes, please list the duration, what type of exercises, and what intensity you participate at.

No

| Goal setting | |
|--|---------------------------------------|
| Please list three fitness/health-related goals (Using the SMART acronym) | |
| Short | Build cardio Build cardio. |
| Medium | Build core strength. |
| Long | Aim to integrate fitness routine |

Where are you now in relation to your goal/s? Beginning

What is the biggest challenge you must overcome in attaining your goal/s?

Keeping fitness as a part of my routine

On a scale of 1 to 10 (1=not committed, 10=very committed), please rate how committed you are to achieving your goal/s.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

Training preferences

When do you prefer to exercise?

| | | | |
|-------------|------------|-----------|---------|
| Before work | Lunch time | Afternoon | Evening |
|-------------|------------|-----------|---------|

How many days can you train per week?

| | | | |
|-----|-----|-----|----|
| 1-2 | 2-3 | 3-4 | 4+ |
|-----|-----|-----|----|

How long per session can you train?

| | | |
|-------------|---------------|---------------|
| <30 minutes | 30-45 minutes | 45-60 minutes |
|-------------|---------------|---------------|

What type of exercise do you enjoy or prefer?

Boxing.

Do you follow, or have you recently followed, any specific dietary intake plan and, in general, how do you feel about your nutritional habits?

No - I think I could eat less carbs

Daily dietary intake

Portions of milk, yoghurt, cheese: 5
 Portions of vegetables, legumes, beans: 6
 Portions of fruit: 4
 Portions of meat, poultry, fish, eggs, tofu, nuts, seeds: 3
 Portions of Grain (cereal) foods: 4
 Glasses of water: 1

Alcohol: 3
 No. of cups of coffee/tea: 5
 Glasses of Coke/soda: 4
 Sweets: 4
 Other: _____

Recommendations/advice

Decrease portion of vegetables etc to 5.5 serves a day. - limit sweets, alcohol, soda and coffee (1 per day)
 decrease fruit to 2 serves a day
 increase grain to 6 serves a day
 decrease meat to 2.5 serves a day
 - increase water intake to 8 glasses a day

All information on this form is correct to the best of my knowledge. I have sought and followed any necessary medical advice.

Signature: _____

Date: _____

Client Fitness Appraisal Template

Client name: Melanie Power

Gender: M/F Date: 23/01/20

D.O.B.: 01/06/94 Age: 26

Height: 168 cm Weight: 78

BP: 111 / 80 RHR: 73 beats/min

BMI: 27.6 BMI rating: Overweight

| Girth measurement | | | | | |
|--|-------------------------|----|--------------------------|-------------|-----------|
| Chest: | | cm | Arm: | | cm |
| Waist: | <u>88</u> | cm | Hips: | <u>90</u> | cm |
| Thigh: | | cm | Waist-to-hip ratio: | <u>0.98</u> | |
| Waist/ hip rating: | <u>1 High</u> | | RHR: | <u>73</u> | beats/min |
| Client feedback | | | | | |
| <u>Body shape and weight putting an increased risk for heart disease and diabetes.</u> | | | | | |
| Cardiovascular endurance/aerobic fitness | | | Strength | | |
| Test: | <u>Queens Step test</u> | | Test: | | |
| Result: | <u>36</u> | | Result: | | |
| Rating: | <u>Average</u> | | Rating: | | |
| Feedback/recommendations | | | Feedback/recommendations | | |
| <u>N/A</u> | | | | | |
| Muscular endurance | | | Power | | |
| Test: | | | Test: | | |
| Result: | | | Result: | | |
| Rating: | | | Rating: | | |
| Feedback/recommendations | | | Feedback/recommendations | | |
| | | | | | |
| Mobility | | | Other | | |
| Test: | | | Test: | | |
| Result: | | | Result: | | |
| Rating: | | | Rating: | | |
| Feedback/recommendations | | | Feedback/recommendations | | |
| | | | | | |

| | |
|---------------|----------------------|
| Name | Nally Uhel |
| Email address | nally.uhel@gmail.com |

Adult Pre-Exercise Screening Tool

This screening tool does not provide advice on a particular health matter, nor is it a substitute for advice from a qualified health professional. No warranty of safety should result from its use. The Adult Pre-Exercise Screening Tool in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by the Australian Institute of Personal Trainers (AIPT) for any loss, damage or injury which may arise from any person acting on any statement or information contained in.

| | | | |
|-------|------------|---------|----------|
| Name: | Bob Sharma | Date: | 22/01/20 |
| D.O.B | 30/08/1971 | Gender: | Male |

AIM: to identify those individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse event during physical activity/exercise. This stage is self-administered and self-evaluated.

| | Question | Please circle response |
|----|--|---|
| 1. | Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke? | Yes / <input checked="" type="radio"/> No |
| 2. | Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise? | Yes / <input checked="" type="radio"/> No |
| 3. | Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance? | Yes / <input checked="" type="radio"/> No |
| 4. | Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? | Yes / <input checked="" type="radio"/> No |
| 5. | If you have diabetes (type I or II) have you had trouble controlling your blood glucose in the last 3 months? | Yes / <input checked="" type="radio"/> No |
| 6. | Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise? | Yes / <input checked="" type="radio"/> No |
| 7. | Do you have any other medical condition/s that may make it dangerous for you to participate in physical activity/exercise? | <input checked="" type="radio"/> Yes / No |

- If you answered 'Yes' to any of the questions, please seek referral from your doctor or appropriate allied health profession prior to undertaking physical activity/exercise.
- If you answered 'No' to all of the questions and you have no other concerns about your health, you may proceed to undertake light/moderate intensity of physical activity/exercise.

| Question | Details |
|---|---|
| Have you spent time in hospital (including day admission) for any medical condition/illness/injury during the last 12 months? | If yes, provide details: No |
| Are you currently taking prescribed medication/s for a medical condition/s? | If yes, provide details: No |
| Are you pregnant or have you given birth within the last 12 months? | If yes, provide details: No |
| Do you have any muscle, bone or joint pain or soreness that is made worse by particular types of activity? | If yes, provide details: Yes - knee pain |

AIM: to identify those individuals with risk factors or other conditions to assist with appropriate exercise prescription. This stage is to be administered by a qualified exercise professional.

| Details | | | | Calculation | Risk Factors | |
|--|-----------|----------|----------|--|--|----|
| Age: 49 Gender: <u>Male</u> Female | | | | >45yrs males or >55yrs females = +1 risk factor | +1 | |
| Family history of heart disease (stroke, heart attack etc.): | | | | | | |
| Relative | Age | Relative | Age | If male <55yrs = +1 risk factor If female <65yrs = +1 risk factor Maximum of 1 risk factor for this question | | |
| Father | | Mother | | | | |
| Brother | | Sister | | | | |
| Son | | Daughter | | | | |
| Do you smoke cigarettes regularly (daily or weekly) or have you quit smoking in the last 6 months? | | | | If yes = +1 risk factor | | |
| Describe your current physical activity/exercise level: | | | | | | |
| | Sedentary | Light | Moderate | Vigorous | If physical activity level <150min/week = +1 risk factor If physical activity level >150min/week = -1 risk factor (vigorous physical activity/exercise weighted x 2) | +1 |
| Frequency (sessions per week) | 1 | | | | | |
| Duration (minutes per week) | 15 | | | | | |

| | | |
|--|---|--------------|
| Height (cm): <i>174</i> Weight (kg): <i>80</i> BMI = <i>26.4</i> | BMI >30kg/m ² = +1 risk factor | |
| Have you been told that you have high blood pressure? | If yes = +1 risk factor | |
| Have you been told that you have high cholesterol? | If yes = +1 risk factor | |
| Have you ever been told that you have high blood sugar? | If yes = +1 risk factor | |
| Total risk factors = | | |
| <ul style="list-style-type: none"> >2 risk factors – moderate risk clients Individuals at moderate risk may participate in aerobic physical activity/exercise at a light or moderate intensity. <2 risk factors – low risk clients Individuals at a low risk may participate in aerobic physical activity/exercise up to a vigorous or high intensity. | | |
| Declaration: | | |
| I believe that to the best of my knowledge, all of the information I supplied within this tool is correct. | | |
| Signature: | | Date: |

AIPT Lifestyle Questionnaire Template

| | | | |
|---------------|--------------------------|--------|----------------------|
| Name | Nally Urel | | |
| Email address | nally.urel@gmail.com | | |
| Name | Bob Sharma | Sex | M/F |
| Address | 123 Palave Ave Melbourne | D.O.B. | 30/08/1971 |
| Tel. | 03 9436 5050 | Email | bob.sharma@gmail.com |

In case of emergency, whom can we contact?

Sally Smith.

Occupation: Please explain your position along with the physical and mental responsibilities involved.

HR consultant - At a computer for long periods of time

On a scale of 1 to 10 (1=not active, 10=very active), please rate how active you are on a daily basis.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

How many hours' sleep do you get every day?

7.0

Are you currently involved in any exercise program? If yes, please list the duration, what type of exercises, and what intensity you participate at.

No

Goal setting

Please list three fitness/health-related goals (Using the SMART acronym)

| | |
|--------|------------------------------|
| Short | Less lethargic |
| Medium | More toned |
| Long | Maintain a healthy lifestyle |

Where are you now in relation to your goal/s?

Beginnings

What is the biggest challenge you must overcome in attaining your goal/s?

Motivation to start

On a scale of 1 to 10 (1=not committed, 10=very committed), please rate how committed you are to achieving your goal/s.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

Training preferences

When do you prefer to exercise?

| | | | |
|-------------|------------|-----------|---------|
| Before work | Lunch time | Afternoon | Evening |
|-------------|------------|-----------|---------|

How many days can you train per week?

| | | | |
|-----|-----|-----|----|
| 1-2 | 2-3 | 3-4 | 4+ |
|-----|-----|-----|----|

How long per session can you train?

| | | |
|-------------|---------------|---------------|
| <30 minutes | 30-45 minutes | 45-60 minutes |
|-------------|---------------|---------------|

What type of exercise do you enjoy or prefer?

Not sure

Do you follow, or have you recently followed, any specific dietary intake plan and, in general, how do you feel about your nutritional habits?

I feel it could improve

Daily dietary intake

| | |
|---|------------------------------|
| Portions of milk, yoghurt, cheese: 2 | Alcohol: 4 |
| Portions of vegetables, legumes, beans: 1 | No. of cups of coffee/tea: 4 |
| Portions of fruit: 3 | Glasses of Coke/soda: 2 |
| Portions of meat, poultry, fish, eggs, tofu, nuts, seeds: 5 | Sweets: 5 |
| Portions of Grain (cereal) foods: 4 | Other: _____ |
| Glasses of water: 6 | |

Recommendations/advice

increase vegetables etc to 6 serves a day
decrease fruit to 2 serves a day
increase grains to 6 serves a day.
increase meat etc to 5 serves a day
increase milk etc to 2.5 serves a day

- limit coffee to 1 per day.
- limit alcohol, coke/soda and sweets.
- increase water to 8 glasses per day

All information on this form is correct to the best of my knowledge. I have sought and followed any necessary medical advice.

Signature: _____

Date: _____

Client Fitness Appraisal Template

| | | | |
|--------------|-----------------------|-------------|--------------|
| Client name: | Bob Sharma | | |
| Gender: | M/F | Date: | |
| D.O.B.: | 30/08/1971 | Age: | 49 |
| Height: | 174 cm | Weight: | 80 |
| BP: | 90 / 80 80 | RHR: | 75 beats/min |
| BMI: | 26.4 | BMI rating: | overweight |

| Girth measurement | | | | | |
|---|----------|----|--------------------------|------|-----------|
| Chest: | | cm | Arm: | | cm |
| Waist: | 113 | cm | Hips: | 115 | cm |
| Thigh: | | cm | Waist-to-hip ratio: | 0.98 | |
| Waist/ hip rating: | Moderate | | RHR: | 75 | beats/min |
| Client feedback | | | | | |
| waist to hip circumference slightly above ideal range | | | | | |
| Cardiovascular endurance/aerobic fitness | | | Strength | | |
| Test: | | | Test: | | |
| Result: | | | Result: | | |
| Rating: | | | Rating: | | |
| Feedback/recommendations | | | Feedback/recommendations | | |
| | | | | | |
| Muscular endurance | | | Power | | |
| Test: | | | Test: | | |
| Result: | | | Result: | | |
| Rating: | | | Rating: | | |
| Feedback/recommendations | | | Feedback/recommendations | | |
| | | | | | |
| Mobility | | | Other | | |
| Test: | | | Test: | | |
| Result: | | | Result: | | |
| Rating: | | | Rating: | | |
| Feedback/recommendations | | | Feedback/recommendations | | |
| | | | | | |

Templates

| | |
|---------------|----------------------|
| Name | Nally Onel |
| Email address | nally.onel@gmail.com |

Adult Pre-Exercise Screening Tool

This screening tool does not provide advice on a particular health matter, nor is it a substitute for advice from a qualified health professional. No warranty of safety should result from its use. The Adult Pre-Exercise Screening Tool in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by the Australian Institute of Personal Trainers (AIPT) for any loss, damage or injury which may arise from any person acting on any statement or information contained in.

| | | | |
|-------|-------------|---------|----------|
| Name: | Sally Smith | Date: | 17/02/20 |
| D.O.B | 0/04/54 | Gender: | Female |

AIM: to identify those individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse event during physical activity/exercise. This stage is self-administered and self-evaluated.

| | Question | Please circle response |
|----|--|---|
| 1. | Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke? | Yes / <input checked="" type="radio"/> No |
| 2. | Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise? | Yes / <input checked="" type="radio"/> No |
| 3. | Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance? | Yes / <input checked="" type="radio"/> No |
| 4. | Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? | Yes / <input checked="" type="radio"/> No |
| 5. | If you have diabetes (type I or II) have you had trouble controlling your blood glucose in the last 3 months? | Yes / <input checked="" type="radio"/> No |
| 6. | Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise? | Yes / <input checked="" type="radio"/> No |
| 7. | Do you have any other medical condition/s that may make it dangerous for you to participate in physical activity/exercise? | Yes / <input checked="" type="radio"/> No |

- If you answered 'Yes' to any of the questions, please seek referral from your doctor or appropriate allied health profession prior to undertaking physical activity/exercise.
- If you answered 'No' to all of the questions and you have no other concerns about your health, you may proceed to undertake light/moderate intensity of physical activity/exercise.

| Question | Details |
|---|--|
| Have you spent time in hospital (including day admission) for any medical condition/illness/injury during the last 12 months? | If yes , provide details: No |
| Are you currently taking prescribed medication/s for a medical condition/s? | If yes , provide details: No |
| Are you pregnant or have you given birth within the last 12 months? | If yes , provide details: No |
| Do you have any muscle, bone or joint pain or soreness that is made worse by particular types of activity? | If yes , provide details: No |

AIM: to identify those individuals with risk factors or other conditions to assist with appropriate exercise prescription. This stage is to be administered by a qualified exercise professional.

| Details | | | | Calculation | Risk Factors | |
|--|-----------|----------|----------|--|--|----|
| Age: 66 Gender: Male / Female | | | | >45yrs males or >55yrs females = +1 risk factor | +1 | |
| Family history of heart disease (stroke, heart attack etc.): | | | | | | |
| Relative | Age | Relative | Age | If male <55yrs = +1 risk factor If female <65yrs = +1 risk factor Maximum of 1 risk factor for this question | +1 | |
| Father | | Mother | | | | |
| Brother | | Sister | | | | |
| Son | | Daughter | 32 | | | |
| Do you smoke cigarettes regularly (daily or weekly) or have you quit smoking in the last 6 months? | | | | If yes = +1 risk factor | | |
| Describe your current physical activity/exercise level: | | | | | | |
| | Sedentary | Light | Moderate | Vigorous | If physical activity level <150min/week = +1 risk factor If physical activity level >150min/week = -1 risk factor (vigorous physical activity/exercise weighted x 2) | +1 |
| Frequency (sessions per week) | | 2 | | | | |
| Duration (minutes per week) | | 30mins | | | | |

| | | |
|--|---|--------------|
| Height (cm): 165cm Weight (kg): 67kg BMI= 23.9 | BMI >30kg/m ² = +1 risk factor | |
| Have you been told that you have high blood pressure? | If yes = +1 risk factor | +1 |
| Have you been told that you have high cholesterol? | If yes = +1 risk factor | |
| Have you ever been told that you have high blood sugar? | If yes = +1 risk factor | +1 |
| Total risk factors = | | 5 |
| <ul style="list-style-type: none"> >2 risk factors – moderate risk clients Individuals at moderate risk may participate in aerobic physical activity/exercise at a light or moderate intensity. <2 risk factors – low risk clients Individuals at a low risk may participate in aerobic physical activity/exercise up to a vigorous or high intensity. | | |
| Declaration: | | |
| I believe that to the best of my knowledge, all of the information I supplied within this tool is correct. | | |
| Signature: | | Date: |

AIPT Lifestyle Questionnaire Template

| | | | |
|---------------|------------------------|--------|--------------------------------------|
| Name | Nally Noel | | |
| Email address | nally.noel@gmail.com | | |
| Name | Sally Smith | Sex | M <input checked="" type="radio"/> F |
| Address | 123 Palace Ave, Toobak | D.O.B. | 01/04/54 |
| Tel. | 03 9436 4040 | Email | sally.smith@gmail.com |

In case of emergency, whom can we contact? Andrian Smith.

Occupation: Please explain your position along with the physical and mental responsibilities involved.

Factory worker - minor lifting. A lot of walking around
 factory floor

On a scale of 1 to 10 (1=not active, 10=very active), please rate how active you are on a daily basis.

| | | | | | | | | | |
|---|---|---|---|----------|---|---|---|---|----|
| 1 | 2 | 3 | 4 | <u>5</u> | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|----------|---|---|---|---|----|

How many hours' sleep do you get every day? 7 hours

Are you currently involved in any exercise program? If yes, please list the duration, what type of exercises, and what intensity you participate at.

No exercise program

Goal setting

Please list three fitness/health-related goals (Using the SMART acronym)

| | |
|--------|--|
| Short | commence exercise at least twice per week |
| Medium | Decrease blood pressure and blood sugar |
| Long | Maintain blood pressure and blood sugar levels |

Where are you now in relation to your goal/s? beginning

What is the biggest challenge you must overcome in attaining your goal/s?
constantly lethargic

On a scale of 1 to 10 (1=not committed, 10=very committed), please rate how committed you are to achieving your goal/s.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

Training preferences

When do you prefer to exercise?

| | | | |
|-------------|------------|-----------|---------|
| Before work | Lunch time | Afternoon | Evening |
|-------------|------------|-----------|---------|

How many days can you train per week?

| | | | |
|-----|-----|-----|----|
| 1-2 | 2-3 | 3-4 | 4+ |
|-----|-----|-----|----|

How long per session can you train?

| | | |
|-------------|---------------|---------------|
| <30 minutes | 30-45 minutes | 45-60 minutes |
|-------------|---------------|---------------|

What type of exercise do you enjoy or prefer?

treadmill / walking

Do you follow, or have you recently followed, any specific dietary intake plan and, in general, how do you feel about your nutritional habits?

no dietary plan followed

Daily dietary intake

Portions of milk, yoghurt, cheese: 5
Portions of vegetables, legumes, beans: 6
Portions of fruit: 4
Portions of meat, poultry, fish, eggs, tofu, nuts, seeds: 3
Portions of Grain (cereal) foods: 4
Glasses of water: 1

Alcohol: 2
No. of cups of coffee/tea: 2
Glasses of Coke/soda: 0
Sweets: 3
Other: _____

Recommendations/advice

increase vegetables, legumes, beans to 5.5 serves a day
decrease fruit - 2 serves a day
increase grains - 6 serves a day
decrease meat, poultry etc - 2.5 serves a day
limit intake of sweets, alcohol, tea/coffee (1 per day)
increase water to 8 glasses a day

All information on this form is correct to the best of my knowledge. I have sought and followed any necessary medical advice.

Signature: _____

Date: _____

Client Fitness Appraisal Template

| | | | |
|--------------|-------------|-------------|----------------|
| Client name: | Sally Smith | | |
| Gender: | M/(F) | Date: | 17/02/20 |
| D.O.B.: | 01/04/54 | Age: | 66 |
| Height: | 165 cm | Weight: | 67kg |
| BP: | 30 / 85 | RHR: | 71 beats/min |
| BMI: | 23.9 | BMI rating: | Healthy weight |

| Girth measurement | | | |
|--|---------------------|--------------------------|-------------------|
| Chest: | cm | Arm: | cm |
| Waist: | 88 cm | Hips: | 115 cm |
| Thigh: | cm | Waist-to-hip ratio: | 0.77 |
| Waist/hip rating: | / low rating | | RHR: |
| | | | 72 beats/min |
| Client feedback | | | |
| Waist to hip ratio in normal range | | | |
| Cardiovascular endurance/aerobic fitness | | Strength | |
| Test: | Queens college step | Test: | |
| Result: | 20 21 | Result: | |
| Rating: | Poor | Rating: | |
| Feedback/recommendations | | Feedback/recommendations | |
| Increase cardiovascular fitness | | | |
| Muscular endurance | | Power | |
| Test: | | Test: | |
| Result: | | Result: | |
| Rating: | | Rating: | |
| Feedback/recommendations | | Feedback/recommendations | |
| | | | |
| Mobility | | Other | |
| Test: | | Test: | |
| Result: | | Result: | |
| Rating: | | Rating: | |
| Feedback/recommendations | | Feedback/recommendations | |
| | | | |

| | |
|---------------|----------------------|
| Name | Nally Unel |
| Email address | nally.unel@gmail.com |

Adult Pre-Exercise Screening Tool

This screening tool does not provide advice on a particular health matter, nor is it a substitute for advice from a qualified health professional. No warranty of safety should result from its use. The Adult Pre-Exercise Screening Tool in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by the Australian Institute of Personal Trainers (AIP) for any loss, damage or injury which may arise from any person acting on any statement or information contained in.

| | | | |
|-------|----------------|---------|----------|
| Name: | Pedro Sullivan | Date: | 21/01/20 |
| D.O.B | 14/12/87 | Gender: | Male |

AIM: to identify those individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse event during physical activity/exercise. This stage is self-administered and self-evaluated.

| | Question | Please circle response |
|----|--|---|
| 1. | Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke? | Yes / <input checked="" type="radio"/> No |
| 2. | Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise? | Yes / <input checked="" type="radio"/> No |
| 3. | Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance? | Yes / <input checked="" type="radio"/> No |
| 4. | Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? | Yes / <input checked="" type="radio"/> No |
| 5. | If you have diabetes (type I or II) have you had trouble controlling your blood glucose in the last 3 months? | Yes / <input checked="" type="radio"/> No |
| 6. | Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise? | Yes / <input checked="" type="radio"/> No |
| 7. | Do you have any other medical condition/s that may make it dangerous for you to participate in physical activity/exercise? | Yes / <input checked="" type="radio"/> No |

- If you answered 'Yes' to any of the questions, please seek referral from your doctor or appropriate allied health profession prior to undertaking physical activity/exercise.
- If you answered 'No' to all of the questions and you have no other concerns about your health, you may proceed to undertake light/moderate intensity of physical activity/exercise.

| Question | Details |
|---|--|
| Have you spent time in hospital (including day admission) for any medical condition/illness/injury during the last 12 months? | If yes , provide details: No |
| Are you currently taking prescribed medication/s for a medical condition/s? | If yes , provide details: No |
| Are you pregnant or have you given birth within the last 12 months? | If yes , provide details: No |
| Do you have any muscle, bone or joint pain or soreness that is made worse by particular types of activity? | If yes , provide details: No |

AIM: to identify those individuals with risk factors or other conditions to assist with appropriate exercise prescription. This stage is to be administered by a qualified exercise professional.

| Details | | | | Calculation | Risk Factors | |
|---|-----------|----------|----------|--|--|----|
| Age: 33 Gender: <input checked="" type="radio"/> Male / <input type="radio"/> Female | | | | >45yrs males or >55yrs females = +1 risk factor | | |
| Family history of heart disease (stroke, heart attack etc.): | | | | | | |
| Relative | Age | Relative | Age | If male <55yrs = +1 risk factor If female <65yrs = +1 risk factor Maximum of 1 risk factor for this question | | |
| Father | | Mother | | | | |
| Brother | | Sister | | | | |
| Son | | Daughter | | | | |
| Do you smoke cigarettes regularly (daily or weekly) or have you quit smoking in the last 6 months? No | | | | If yes = +1 risk factor | | |
| Describe your current physical activity/exercise level: | | | | | | |
| | Sedentary | Light | Moderate | Vigorous | If physical activity level <150min/week = +1 risk factor If physical activity level >150min/week = -1 risk factor (vigorous physical activity/exercise weighted x 2) | +1 |
| Frequency (sessions per week) | | | | 3 | | |
| Duration (minutes per week) | | | | 120 | | |

| | | |
|--|---|--------------|
| Height (cm): 171 Weight (kg): 59 BMI= 20.2 | BMI >30kg/m ² = +1 risk factor | |
| Have you been told that you have high blood pressure? | If yes = +1 risk factor | |
| Have you been told that you have high cholesterol? | If yes = +1 risk factor | |
| Have you ever been told that you have high blood sugar? | If yes = +1 risk factor | |
| Total risk factors = | | 1 |
| <ul style="list-style-type: none"> >2 risk factors – moderate risk clients Individuals at moderate risk may participate in aerobic physical activity/exercise at a light or moderate intensity. <2 risk factors – low risk clients Individuals at a low risk may participate in aerobic physical activity/exercise up to a vigorous or high intensity. | | |
| Declaration: | | |
| I believe that to the best of my knowledge, all of the information I supplied within this tool is correct. | | |
| Signature: | | Date: |

AIPT Lifestyle Questionnaire Template

| | | | |
|---------------|-------------------------|----------------------|--------------------------|
| Name | | Nally Urel | |
| Email address | | nally.urel@gmail.com | |
| Name | Pedro Sullivan | Sex | M/F |
| Address | 49 Flower place Melbaur | D.O.B. | 14/12/87 |
| Tel. | 03 9436 4040 | Email | pedro.sullivan@gmail.com |

In case of emergency, whom can we contact? Sarah Sullivan

Occupation: Please explain your position along with the physical and mental responsibilities involved.

Truck driver. Sitting for long periods of time

On a scale of 1 to 10 (1=not active, 10=very active), please rate how active you are on a daily basis.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

How many hours' sleep do you get every day? 6.5

Are you currently involved in any exercise program? If yes, please list the duration, what type of exercises, and what intensity you participate at.

Yes. Approximately 120 mins per week. Boxing classes (beginner)

| Goal setting | |
|--|---------------------------------|
| Please list three fitness/health-related goals (Using the SMART acronym) | |
| Short | Increase cardiovascular fitness |
| Medium | Build muscle/strength |
| Long | Maintain fitness levels |

Where are you now in relation to your goal/s? Beginning

What is the biggest challenge you must overcome in attaining your goal/s?

Motivation levels to continue

On a scale of 1 to 10 (1=not committed, 10=very committed), please rate how committed you are to achieving your goal/s.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

Training preferences

When do you prefer to exercise?

| | | | |
|-------------|------------|-----------|---------|
| Before work | Lunch time | Afternoon | Evening |
|-------------|------------|-----------|---------|

How many days can you train per week?

| | | | |
|-----|-----|-----|----|
| 1-2 | 2-3 | 3-4 | 4+ |
|-----|-----|-----|----|

How long per session can you train?

| | | |
|-------------|---------------|---------------|
| <30 minutes | 30-45 minutes | 45-60 minutes |
|-------------|---------------|---------------|

What type of exercise do you enjoy or prefer?

~~Strength~~ Strength training

Do you follow, or have you recently followed, any specific dietary intake plan and, in general, how do you feel about your nutritional habits?

Daily dietary intake

Portions of milk, yoghurt, cheese: 2
 Portions of vegetables, legumes, beans: 1
 Portions of fruit: 3
 Portions of meat, poultry, fish, eggs, tofu, nuts, seeds: 5
 Portions of Grain (cereal) foods: 4
 Glasses of water: 8

Alcohol: 4
 No. of cups of coffee/tea: 4
 Glasses of Coke/soda: 2
 Sweets: 3
 Other: _____

Recommendations/advice

Increase vegetables, legumes etc to 6 serves a day
 Decrease fruit to 2 serves per day
 Increase grains to 6 serves per day
 Increase meat etc to 5 serves per day
 Increase milk etc to 2.5 serves per day

- Limit alcohol, soda, sweets
 - water intake is good

All information on this form is correct to the best of my knowledge. I have sought and followed any necessary medical advice.

Signature: _____

Date: _____

Client Fitness Appraisal Template

| | | | |
|--------------|----------------|-------------|-----------|
| Client name: | Pedro Sullivan | | |
| Gender: | M/F | Date: | 21/01/20 |
| D.O.B.: | 14/12/87 | Age: | 23 |
| Height: | 171 cm | Weight: | 59 |
| BP: | 95 / 75 | RHR: | beats/min |
| BMI: | 20.2 | BMI rating: | Healthy |

| Girth measurement | | | |
|--|----------------|--------------------------|--------------|
| Chest: | cm | Arm: | cm |
| Waist: | 90 cm | Hips: | 110 cm |
| Thigh: | cm | Waist-to-hip ratio: | 0.82 |
| Waist/hip rating: | 1 Low rating | RHR: | 74 beats/min |
| Client feedback | | | |
| Ideal range - no issues. | | | |
| Cardiovascular endurance/aerobic fitness | | Strength | |
| Test: | Queens college | Test: | |
| Result: | 43 | Result: | |
| Rating: | above average | Rating: | |
| Feedback/recommendations | | Feedback/recommendations | |
| N/A | | | |
| Muscular endurance | | Power | |
| Test: | | Test: | |
| Result: | | Result: | |
| Rating: | | Rating: | |
| Feedback/recommendations | | Feedback/recommendations | |
| | | | |
| Mobility | | Other | |
| Test: | | Test: | |
| Result: | | Result: | |
| Rating: | | Rating: | |
| Feedback/recommendations | | Feedback/recommendations | |
| | | | |

| | |
|---------------|----------------------|
| Name | Nally Vnel |
| Email address | nally.vnel@gmail.com |

Adult Pre-Exercise Screening Tool

This screening tool does not provide advice on a particular health matter, nor is it a substitute for advice from a qualified health professional. No warranty of safety should result from its use. The Adult Pre-Exercise Screening Tool in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by the Australian Institute of Personal Trainers (AIPT) for any loss, damage or injury which may arise from any person acting on any statement or information contained in.

| | | | |
|-------|-----------|---------|----------|
| Name: | Julia Yow | Date: | 22/01/20 |
| D.O.B | 24/06/84 | Gender: | female |

AIM: to identify those individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse event during physical activity/exercise. This stage is self-administered and self-evaluated.

| | Question | Please circle response |
|----|--|------------------------|
| 1. | Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke? | Yes / <u>No</u> |
| 2. | Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise? | Yes / <u>No</u> |
| 3. | Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance? | Yes / <u>No</u> |
| 4. | Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? | Yes / <u>No</u> |
| 5. | If you have diabetes (type I or II) have you had trouble controlling your blood glucose in the last 3 months? | Yes / <u>No</u> |
| 6. | Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise? | Yes / <u>No</u> |
| 7. | Do you have any other medical condition/s that may make it dangerous for you to participate in physical activity/exercise? | <u>Yes</u> / No |

- If you answered 'Yes' to any of the questions, please seek referral from your doctor or appropriate allied health profession prior to undertaking physical activity/exercise.
- If you answered 'No' to all of the questions and you have no other concerns about your health, you may proceed to undertake light/moderate intensity of physical activity/exercise.

| Question | Details |
|---|---------------------------------------|
| Have you spent time in hospital (including day admission) for any medical condition/illness/injury during the last 12 months? | If yes, provide details: No |
| Are you currently taking prescribed medication/s for a medical condition/s? | If yes, provide details: NO |
| Are you pregnant or have you given birth within the last 12 months? | If yes, provide details: Yes 5 months |
| Do you have any muscle, bone or joint pain or soreness that is made worse by particular types of activity? | If yes, provide details: No |

AIM: to identify those individuals with risk factors or other conditions to assist with appropriate exercise prescription. This stage is to be administered by a qualified exercise professional.

| Details | | | | Calculation | Risk Factors | |
|---|-----------|----------|----------|--|--|----|
| Age: 36 Gender: Male / Female | | | | >45yrs males or >55yrs females = +1 risk factor | | |
| Family history of heart disease (stroke, heart attack etc.): | | | | | | |
| Relative | Age | Relative | Age | If male <55yrs = +1 risk factor If female <65yrs = +1 risk factor Maximum of 1 risk factor for this question | | |
| Father | | Mother | | | | |
| Brother | | Sister | | | | |
| Son | | Daughter | | | | |
| Do you smoke cigarettes regularly (daily or weekly) or have you quit smoking in the last 6 months? NO | | | | If yes = +1 risk factor | | |
| Describe your current physical activity/exercise level: | | | | | | |
| | Sedentary | Light | Moderate | Vigorous | If physical activity level <150min/week = +1 risk factor If physical activity level >150min/week = -1 risk factor (vigorous physical activity/exercise weighted x 2) | +1 |
| Frequency (sessions per week) | | | 3 | | | |
| Duration (minutes per week) | | | 60 | | | |

| | | |
|--|---|--------------|
| Height (cm): 169cm Weight (kg): 56kg BMI= 19.6 | BMI >30kg/m ² = +1 risk factor | |
| Have you been told that you have high blood pressure? | If yes = +1 risk factor | |
| Have you been told that you have high cholesterol? | If yes = +1 risk factor | |
| Have you ever been told that you have high blood sugar? | If yes = +1 risk factor | |
| Total risk factors = | | |
| <ul style="list-style-type: none"> • >2 risk factors – moderate risk clients Individuals at moderate risk may participate in aerobic physical activity/exercise at a light or moderate intensity. • <2 risk factors – low risk clients Individuals at a low risk may participate in aerobic physical activity/exercise up to a vigorous or high intensity. | | |
| Declaration: | | |
| I believe that to the best of my knowledge, all of the information I supplied within this tool is correct. | | |
| Signature: | | Date: |

AIPT Lifestyle Questionnaire Template

| | | | |
|---------------|-----------------------|----------------------------|------------|
| Name | | Nally Unel | |
| Email address | | nally@nally.unel@gmail.com | |
| Name | Julia Yaw | Sex | Female M/F |
| Address | 123 Fortune Way Melbo | D.O.B. | 24/06/84 |
| Tel. | 03 9436 4000 | Email | |

In case of emergency, whom can we contact? Peter Yaw

Occupation: Please explain your position along with the physical and mental responsibilities involved.

Nurse - Long hours standing

On a scale of 1 to 10 (1=not active, 10=very active), please rate how active you are on a daily basis.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

How many hours' sleep do you get every day? 8.5

Are you currently involved in any exercise program? If yes, please list the duration, what type of exercises, and what intensity you participate at.

No - just walking/jogging

| Goal setting | |
|--|--|
| Please list three fitness/health-related goals (Using the SMART acronym) | |
| Short | Build strength in lower back/abdomen |
| Medium | Strengthen body to deal with pregnancy |
| Long | Maintain fitness after pregnancy |

Where are you now in relation to your goal/s? Beginning

What is the biggest challenge you must overcome in attaining your goal/s?

Fear of overworking - due to pregnancy

On a scale of 1 to 10 (1=not committed, 10=very committed), please rate how committed you are to achieving your goal/s.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

Training preferences

When do you prefer to exercise?

| | | | |
|-------------|------------|-----------|---------|
| Before work | Lunch time | Afternoon | Evening |
|-------------|------------|-----------|---------|

How many days can you train per week?

| | | | |
|-----|-----|-----|----|
| 1-2 | 2-3 | 3-4 | 4+ |
|-----|-----|-----|----|

How long per session can you train?

| | | |
|-------------|---------------|---------------|
| <30 minutes | 30-45 minutes | 45-60 minutes |
|-------------|---------------|---------------|

What type of exercise do you enjoy or prefer?

Walking/jogging

Do you follow, or have you recently followed, any specific dietary intake plan and, in general, how do you feel about your nutritional habits?

No - good nutrition overall

Daily dietary intake

| | |
|---|------------------------------|
| Portions of milk, yoghurt, cheese: 5 | Alcohol: 0 |
| Portions of vegetables, legumes, beans: 6 | No. of cups of coffee/tea: 2 |
| Portions of fruit: 5 | Glasses of Coke/soda: 0 |
| Portions of meat, poultry, fish, eggs, tofu, nuts, seeds: 3 | Sweets: 0 |
| Portions of Grain (cereal) foods: 4 | Other: _____ |
| Glasses of water: 6 | |

Recommendations/advice

decrease vegetables at 2 to 5 serves a day.
decrease fruit to 2 serves a day.
increase grains to 6 serves a day.
decrease meat to 2-5 serves a day.
decrease milk to 2-5 serves a day.

- increase water to 8 glasses a day

All information on this form is correct to the best of my knowledge. I have sought and followed any necessary medical advice.

Signature: _____ Date: _____

Client Fitness Appraisal Template

| | | | |
|--------------|---------------|-------------|--------------|
| Client name: | Julia Yaw | | |
| Gender: | M/F | Date: | 22/01/20 |
| D.O.B.: | 24/06/20 | Age: | 36 |
| Height: | 169 cm | Weight: | 56 kg |
| BP: | 95 / 89 mm/Hg | RHR: | 75 beats/min |
| BMI: | 19.6 | BMI rating: | Underweight |

| Girth measurement | | | | | |
|--|------------------|----|--------------------------|----------------------|-----------|
| Chest: | | cm | Arm: | | cm |
| Waist: | 64 64 | cm | Hips: | 75 75 | cm |
| Thigh: | | cm | Waist-to-hip ratio: | 0.85 0.85 | |
| Waist/ hip rating: | 118 / 80 | | RHR: | 65 | beats/min |
| Client feedback | | | | | |
| Moderate levels - all looks good | | | | | |
| Cardiovascular endurance/aerobic fitness | | | Strength | | |
| Test: | | | Test: | | |
| Result: | | | Result: | | |
| Rating: | | | Rating: | | |
| Feedback/recommendations | | | Feedback/recommendations | | |
| | | | | | |
| Muscular endurance | | | Power | | |
| Test: | | | Test: | | |
| Result: | | | Result: | | |
| Rating: | | | Rating: | | |
| Feedback/recommendations | | | Feedback/recommendations | | |
| | | | | | |
| Mobility | | | Other | | |
| Test: | | | Test: | | |
| Result: | | | Result: | | |
| Rating: | | | Rating: | | |
| Feedback/recommendations | | | Feedback/recommendations | | |
| | | | | | |

Referral letter

<insert practitioner's name> *Dr. Yang*
 <insert clinic> *Super Clinic*
 <insert address> *123 Palace place Melbourne VIC 3000*
 <insert suburb> <insert state> <insert postcode>

Referral date: <insert date> *22/01/20*

Dear <insert practitioner's name>, *Dr Yang*
Re: **Client name:** <insert client name> *Julia Yow*
Client address: <insert client address> *123 Fortune way Melbourne VIC 3000*
Client DOB: <insert client DOB> *24/06/84*

My/our client <insert client's name> has presented to our business/service/facility with the goal of <insert goal>.
 <insert client's name>'s information and measurements recorded during pre-exercise screening include the following:

| | | | |
|--|--------------------------------------|-----------------|--|
| Current Physical Activity level | Sessions / week | <i>3</i> | Notes: <i>Include bullet point details of any signs or symptoms of cardiovascular, metabolic or respiratory disease, or other medical issues identified in APSS results.</i> <i>Attach copy of completed APSS tool</i> <i>Include any details of other practitioners treating the client</i> |
| | Minutes / week | <i>60</i> | |
| | Intensity (low/mod/high/ vig) | <i>Moderate</i> | |
| Resting HR | <i>75</i> | | |
| Resting BP | <i>95/89</i> | | |
| Weight | <i>56kg</i> | | |
| BMI | <i>19.6</i> | | |
| Waist Circ. | <i>64cm</i> | | |

In response to ^{*Julia's*} <insert client's name>'s screening results, I am requesting your guidance in relation to his/her condition to enable me/us to ensure delivery of a safe and effective exercise program.

Based on ^{*Julia's*} <insert client's name>'s goals, I/we intend to have him/her commence an exercise program consisting of the following:

Describe the intended program focus in brief (1-2 sentences) – e.g. strength/cardio-based program; group vs

Please assess <insert client's name>'s condition and indicate any recommendations you may have in relation to his/her exercise program, including specific activities he/she cannot or should not be undertaking at this time, and other relevant notes.

Program duration: 30mins
 ① *low impact aerobic exercises to maintain a healthy weight, strengthen cardiovascular system and increase stamina for labour and delivery. (no jumping, leaps or high kicks etc.)*

② *Strengthening abdominal muscles, back muscles and pelvic floor muscles to reduce pain. (eg: squats)*

I/we will keep you informed of <insert client's name>'s progress and any major changes in his/her condition. To acknowledge you have received this referral, please complete the following section.

| | | | | |
|--------------------------------|--|--|-----------------|----------------------|
| Date referral received: | | Status of referral: <i>*please describe action required in notes</i> | Complete | Incomplete* |
| Practitioner name: | | Contact person for follow-up: <i>**please provide new contact details in notes</i> | As above | New contact** |
| Practitioner title: | | Notes: | | |
| Practitioner signature: | | | | |

Please include in notes any instructions you may have regarding follow-up or progress reporting.

I/we welcome any advice you feel necessary. I/we can be contacted by phone <insert phone number> during <insert best contact hours> or email <insert email address> anytime.

| | | | |
|--------------------------|--|--------------|--|
| Client consent: | I give my permission for <insert professional/business name> to communicate with the referring practitioner and/or my GP regarding my health status and my progress relating to my exercise program. | | |
| Client name: | Julia Yau | | |
| Client signature: | | Date: | |

Yours sincerely,

<leave space for signature> Nally Noel

<insert contact name>

<insert business name>

<insert phone number>

Email: <insert email address>

| | |
|----------------------|----------------------|
| Name | Nally Urel |
| Email address | nally.urel@gmail.com |

Programming Planning

Program type: Weight loss (11 year old) **Session duration:** 30 mins **Injuries/ considerations:** Low activity. Session needs to be engaging and fun

Trainer: Nally Urel **Participants:** Peter Channing

| Warm-up | | | | | | |
|----------------------|---|--------|------|--------|--------|------|
| General: | Mirroring - imitating trainer in exercises and then switching. | | | | | |
| R.O.M: | | | | | | |
| Conditioning | | | | | | |
| Exercise description | Load | Sets | Reps | Tempo | Rest | Load |
| Jumping Jacks | 60% | 2 | 2 | 30s | 45secs | 10 |
| circle jumps | 60% | 2 | 2 | N/A | 45secs | 10 |
| jump rope | 60% | 2 | 2 | N/A | 45secs | 10 |
| ball toss | 60% | 2 | 2 | N/A | 45secs | 10 |
| relay run | 55% | 45secs | N/A | 30secs | 3mins | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Cool-down | | | | | | |
| Active: | 3 minutes total jogging. | | | | | |
| Stretches: | <ul style="list-style-type: none"> - sit and reach: stretches hamstrings + calves - lying trunk twist: stretches out lower back - arm swing: stretches out arms, chest + upper back. | | | | | |

| | |
|----------------------|----------------------|
| Name | Nalley Urel |
| Email address | nally.urel@gmail.com |

Group fitness class plan

Class name: Body work **Duration:** 60mins

Description of class: Class focussed on elevating heart rate + working muscles

Equipment list: Dumbbell, med ball (for progressions)

Pre-class instructions: Check safety equipment arranged according to class, give class instructions

warm up: 130-135 bpm, conditioning 70-115 bpm
(strength training) cool down less than 120 bpm

| | Exercise description | Beats | Repetition | Count | Modification | Progression |
|------------------|----------------------|-------|------------|-------|---------------------------------------|-----------------|
| Warm-up | e.g. Step touch | 4 | 4 | 16 | March OTS | Pony |
| | Toe taps | 4 | 4 | 16 | N/A | N/A |
| | Knee lifts | 4 | 4 | 16 | N/A | N/A |
| | Squat | 4 | 4 | 16 | N/A | N/A |
| | arm swing | 4 | 4 | 16 | N/A | N/A |
| | Step touch | 4 | 4 | 16 | Staggered high knees | Step over |
| | Step up lunge | 4 | 4 | 16 | Single leg glute bridge/reverse lunge | |
| | Squat | 4 | 4 | 16 | Leg/hip extension goblet squat | |
| | push up | 4 | 4 | 16 | chest ball squeeze | BW push up |
| | Sit up | 4 | 4 | 16 | leg raises | weighted sit-up |
| Cool-down | arm/shoulder stretch | 4 | 4 | 16 | N/A | N/A |
| | quad stretch | 4 | 4 | 16 | N/A | N/A |
| | chest stretch | 4 | 4 | 16 | N/A | N/A |
| | Hip stretch | 4 | 4 | 16 | N/A | N/A |

| | |
|----------------------|-----------------------|
| Name | Nataly Uhel |
| Email address | nataly.uhel@gmail.com |

Circuit Program Template

| | | | |
|---------------------------|-----------------------------|--------------------------------|--|
| Session objective: | Strength training | Target audience: | Beginner training for older adults |
| Duration: | 45 mins | No. of circuit repeats: | 2 circuit repeats (60 second rest between repeats) |
| Working intervals: | 35 seconds | Rest intervals: | 35 secs |
| Equipment: | Resistance bands, med balls | | |

5 mins

- Warm-up**
- Squats
 - arm swings
 - hip thrusts
 - knee stretch
 - chest stretch

Conditioning phase

| Station | Main circuit diagram |
|--|----------------------|
| <ol style="list-style-type: none"> 1. Squats 2. Knee lift with med ball 3. Incline push up 4. chest squeeze with med ball 5. Tricep extension with med ball 6. Bicep curl with resistance band. 7. Step ups 8. | |

5 mins

- Cool-down**
- Quad stretch
 - shoulder stretch
 - arm stretch
 - lower back stretch
 - hip stretch.

Notes for next session

Monitor clients for any discomfort/ ease and recommend progressions / regressions

| | |
|----------------------|----------------------|
| Name | Nally Urel |
| Email address | nally.urel@gmail.com |

Circuit Program Template

Session objective: Resistance training program

Duration: 45 mins

Working intervals: 35 secs work

Equipment: Dumbbell, kettlebell, ab wheel, plow, exercise machines, resistance bands

Target audience: Intermediate exercise level

No. of circuit repeats: 3 circuit repeats (60secs rest between)

Rest intervals: 25 secs

5 mins

| Conditioning phase | Station | Main circuit diagram |
|---|---|----------------------|
| 1. Squat 2. Lunge 3. Modified deadlift 4. Pushup 5. Pull up 6. Plank 7. 8. | - Squat (5 reps) - Mountain Climbers (8 reps) - Hip Thrusts (5 reps) - High knees (8 reps) - Push ups (5 reps) - arm swings (8 reps) | |

5 mins

| Cool-down | Notes for next session |
|--|---|
| - Quadriceps - Arms/shoulders - Hips - Lower back | Monitor clients with injuries if applicable |

| | |
|----------------------|----------------------|
| Name | Nally Uvel |
| Email address | nally.uvel@gmail.com |

Programming Planning

Program type: Cardio program (2-13 years) **Session duration:** 30mins **Injuries/ considerations:** Child with asthma

Trainer: Nally Uvel **Participants:** 4

| Warm-up | | | | | | |
|---|--------------------------------|-------|-------|--------|--------|---|
| Conditioning | | | | | | |
| Exercise description | Sets | Reps | Tempo | Rest | Load | Notes |
| Pushups | 2 | 10 | 303 | 45secs | B/W | Regression: knees on floor. Progression: elevate onto box |
| Big of war | 1 | 2mins | N/A | 45secs | 55-75% | |
| Modified horizontal push pull up | 2 | 10 | 323 | 45secs | B/W | Regression: bend knees 3 lift hips to lighten load on arms |
| Climbing ropes | 1 | 2mins | 323 | 45secs | B/W | Regression: band assisted (moved into knots) Progression: about use legs only upper body |
| Sit ups | 2 | 10 | 303 | 45secs | B/W | Regression: partial raise curl Progression: Hold knees up into the air |
| Cool-down | | | | | | |
| Active: | Head it / catch it (game) | | | | | |
| Stretches: | Arms, hamstrings, hip stretch. | | | | | |

| | |
|---------------|----------------------|
| Name | Nally Uhel |
| Email address | nally.uhel@gmail.com |

SPOA3 - Task 3 Self reflection

At the end of each of the tasks in this assessment, the student is required to review their performance and complete the following table.

- Review own performance and identify areas needing improvement.
- Identify aspects needing further emphasis or attention in future sessions.

Task 1a, 1b, 2a, and 2b

1. How did you feel through the process?

Good overall. I felt confident identifying special requirements according to client fitness level

2. What communication styles worked for you and the client?

Positive feedback about exercise progressions – encouraging improvement

3. How did you confirm that the client retained the information?

I checked to confirm if all instructions were understood, and had the client reiterate them back to me.

4. Identify at least one area for improvement for the client's progression to these activities.

Monitoring and addressing any negative attitudinal behaviour displayed by client

5. Identify any areas for improvement from the student's perspective.

pushing intensity where appropriate and comfortable to do so

swap

Name

Nally Unel

Email address

nally.unel@gmail.com

PAP1 - Task 3 Self reflection

At the end of each of the tasks in this assessment, the student is required to review their performance and complete the following table.

- Review own performance and identify areas needing improvement.
- Identify aspects needing further emphasis or attention in future sessions.

Task 1a, 1b, 2a, and 2b

1. How did you feel through the process?

I ~~felt~~ felt comfortable delivering the exercises and information required to the client.

2. What communication styles worked for you and the client?

A passive, steady communication style worked. Relaxed and supportive toward their goals.

3. How did you confirm that the client retained the information?

I would wait for either verbal or non-verbal acknowledgement that the client understood the information I was communicating.

4. Identify at least one area for improvement for the client's progression to these activities.

Client should ask for modifications exercises if necessary to avoid discomfort with some activities.

5. Identify any areas for improvement from the student's perspective.

Don't overcomplicate instructions - be very clear and concise.

Workplace Demonstration Declaration

This is to be completed at the conclusion of the structured workplace placement hours and the workplace demonstration.

Student name: Nally Onel

Signature: _____ **Date:** _____

Industry professional's name: _____

Signature: _____ **Date:** _____

Industry Professional Declaration

I, _____
[full name]

of _____
[address]

_____ do solemnly and sincerely declare that:
[occupation]

I acknowledge with this declaration that the information provided in this document was completed by me and that the comments and feedback provided about the student are a true and correct description at the time of completion. I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

Declared at _____

This _____ day of _____ 20 _____

Signed: _____
[Signature of person making this declaration - To be signed in front of an authorised witness]

Before me: _____
[Signature of authorised witness]

Student and Industry Professional Declaration

This document is ONLY to be completed by students undertaking the course via AIPTSM (AIPT Selected Mentor).

If you have selected your own Mentor, you and your Mentor are NOT required to complete this Declaration Form.

If your Mentor has been assigned by AIPT, you MUST complete the Student Declaration section and have your Mentor complete the Industry Professional Declaration section once the practical component of the course is complete.

Once signed, please ensure you leave the Declaration Form with your Mentor, as the declaration will be submitted by the MENTOR to: <https://form.aipt.edu.au/mdf>.

Student Declaration

In signing this declaration you are confirming that you have completed your workplace demonstration (workbook) and it has been signed and returned to you by your AIPT approved Mentor

Note: It is your responsibility to scan and upload your workbook assessment to your My eCampus profile. Once this has been submitted AIPT will advise you of the next step in completing your competency conversation.

Student Signature: _____

Print full name:

Nally Oneil

Date: _____

Industry Professional Declaration

In signing this declaration, I confirm that I have signed and returned the students' workplace demonstration (workbook) and notified them of their responsibilities of returning the documentation to AIPT. I have also reminded the students of the requirement to complete a competency conversation with an AIPT Qualified Trainer, post workbook submission

Note: Industry Professional must scan and return this page to <https://form.aipt.edu.au/mdf>.

Facilitator Signature: _____

Print full name: _____

Date: _____