Managing Weight Loss Clients

In Australia 70.3% of adult men and 56.2% of adult women were overweight or obese in 2011-12. This exceptional rise in obesity in Australia has been compared to the same health crisis in America. The health problems and consequences of obesity in adults include musculo-skeletal problems, cardiovascular disease, some cancers, sleep apnoea, type 2 diabetes, and hypertension to name a few. Many of these health problems are preventable though a healthy and active lifestyle. In this comprehensive online workshop learn how to effectively manage weight loss clients and implement ongoing weight management strategies.

Workshop Overview:
- Identification of healthy weight range
- Causes of overweight and obesity
- Daily energy requirements
- Exercise and weight loss
- Nutrition and weight loss
- Psychological barriers
- Motivation and goal setting
- On-going weight management strategies

Pre-requisites:
- Participants must have completed the Certificate III in Fitness as a minimum including the unit covering nutritional advice and healthy eating.

Cost: $150 / $130 (for AFA Alumni)

For more information contact Australian Fitness Academy on 1300 AFA FIT (232 348).

To enrol complete details below and email to info@afa.com.au or fax to 03 9532 9044.
You will have up to 3 months to complete this workshop online.

Name: __________________________________________ Email: __________________________________________
Address: __________________________________________ Suburb: __________________________ State: ______ P/C: ______
Phone: (H) __________________________ (M) __________________________ (W) __________________________
Workshop Name: __________________________________________________________________

Course Payment  □ $150  □ $130 (AFA Alumni)
□ Visa  □ MasterCard  Cardholders Name: __________________________________________
Card Number: __ __ __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __  Exp: __ __ / ______
Cardholders Signature: ______________________________________________________________________ 3 digit verification no. __ __ __

www.fitnesseducation.edu.au

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Student Enrolment Form

Date of Birth: ___ / ___ / ___  Gender: □ Male  □ Female  Place of Birth (state): ______________________

Next of Kin: ______________________  Your relationship with this person? _________  Emerg ph number: __________

In which country were you born?  □ Australia  □ Other: ______________________________

Are you an Australian Citizen?  □ Yes  □ No

Do you speak a language other than English at home?  □ English Only  □ Other: ___________________________

How well do you speak English?  □ Very Well  □ Well  □ Not Well  □ Not Well at All

Are you of Aboriginal or Torres Strait Islander origin?  □ No  □ Aboriginal  □ Torres Strait Islander

Do you consider yourself to have a disability, impairment or long-term condition?  □ Yes  □ No

If YES, please indicate the areas of disability, impairment or long-term condition:

□ Hearing/Deaf  □ Medical Condition  □ Physical  □ Intellectual

□ Learning  □ Acquired Brain Impairment  □ Vision  □ Mental Illness

Other, please specify: ________________________________

Are you still attending secondary school?  □ Yes  □ No

What is your highest year completed at school level?  □ Yr 12  □ Yr 11  □ Yr 10  □ Yr 9

In which year did you complete that school level?  __________

Do you hold a higher qualification?

□ No, I do not hold a higher qualification

□ Yes, I hold an Australian Qualification

□ Yes, I hold an International Qualification and have undergone a formal assessment to determine the Australian equivalency

□ Yes, I hold an International Qualification, but do not know the Australian equivalency

If yes, what qualification do you hold?

□ Bachelor Degree  □ Advanced Diploma  □ Diploma  □ Certificate I  □ Certificate II

□ Certificate III or Trade  □ Certificate IV or Technician  □ Other, please specify: ______________________________

You may be eligible for Recognition of Prior Learning. Do you wish to apply for RPL? □ Yes  □ No

Of the following categories, which BEST describes your current employment status? (Choose one only)

□ Full-time employee  □ Part-time employee  □ Self-employed – not employing others

□ Employer  □ Unpaid in family business  □ Unemployed – seeking full-time work

□ Unemployed – seeking part-time  □ Not employed – not seeking work

Which best describes your industry of employment? (either current employment, or previous employment)

□ Agriculture, Forestry and Fishing  □ Mining  □ Manufacturing

□ Electricity, Gas, Water and Waste Services  □ Construction  □ Wholesale Trade

□ Retail Trade  □ Accommodation and Food Services  □ Transport, Postal and Warehousing

□ Information, Media and Telecommunications  □ Rental, Hiring and Real Estate Services  □ Professional, Scientific & Technical Services

□ Administrative and Support Services  □ Financial and Insurance Services  □ Public administration and safety

□ Education and Training  □ Health Care and Social Assistance  □ Arts and Recreation Services

□ Other, please specify: ______________________________

Which best describes your occupation? (either current employment, or previous employment):

□ Manager  □ Professional  □ Technician or Trade  □ Community and Personal Service Worker

□ Clerical and Administrative Worker  □ Sales Worker  □ Machinery Operator and Driver

□ Labourer  □ Other, please specify: ______________________________

Of the following categories, which BEST describes your main reason for undertaking this course? (Choose one only)

□ To get a job  □ To develop existing business  □ To start my own business  □ Job requirement

□ Try different Career  □ To get better job or promotion  □ Personal interest or self development

□ I wanted extra skills for my job  □ To get into another study course  □ Other, please specify: ______________________________

Do you hold any of the following concession cards? (Please circle)

□ Health Care Card  □ Pensioner Concession Card  □ Veterans Gold Card  □ No, I do not hold a Concession Card

(Independent partner / child)  (Independent partner / child)