



Back Injuries Prevention & Management

4 CECs

This fully online workshop covers comprehensive 'need-to-know' information for any Personal Trainer. Back injuries are a common complaint and Trainers simply must know how to include preventative exercises into programs and implement ongoing management strategies for their clients!

Workshop Overview:

- Review of the structure of the vertebral column and spinal cord
- Identification of degenerative conditions of the intervertebral discs and their causes. These include bulges, herniations and ruptures.
- Disc conditions – treatment and on-going management
- Intervertebral joint / facet joint misalignment
- Osteoarthritis, Osteoporosis and Spondylolisthis
- Implications for the exercise professional – referral, preventative exercises and injury management strategies

Pre-requisites:

- Participants must have completed the Certificate III in Fitness as a minimum including the unit covering musculoskeletal structure and function.

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

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

To enrol complete details below & on page 2 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.

Please fill in your details below and sign once complete.

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

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
(Dependent partner / child) (Dependent partner / child) Concession Card

Agreement

Signature:

Date:

AFA Careers Consultant Signature: _____

AFA Careers Consultant Name: _____

Privacy Agreement: Please indicate if you give Australian Fitness Academy permission to release limited details to prospective employers and HealthyPeople, Australia's leading health and fitness recruiter after course completion

Yes No

Would you like to receive additional information from AFA about Fitness Courses, Workshops for CEC/PDP updates or other promotional material? (We will never forward your details onto third parties)

Yes No