



Managing Weight Loss Clients

4 CECs

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 sign to send.
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

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
(Dependent partner / child) (Dependent partner / child)

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