



## Fundamentals of Kettlebell Training

This comprehensive online workshop uses practical demonstrations and applications to provide participants with a detailed understanding of fundamental kettlebell exercises.



### Workshop Overview:

- History and principles underpinning kettlebell training.
- Kettlebell programming methods for a variety of clients.
- Key teaching points, modification options and common technique errors associated with Kettlebell exercises.
- Ballistic Exercises including: Swings, Cleans & Snatches.
- Grinding Exercises including: Turkish Get-Ups, Windmills & Renegade Rows.
- Self-paced online course over 3 months.

### Pre-requisite:

Participants must have completed the Certificate IV in Fitness and be registered as a Personal Trainer to be eligible to attain Fitness Australia CECs from this course.

Upon completion of this course, Fitness Australia Registrants are eligible to have the Strength and Conditioning and Functional Training delivery knowledge and skill areas recognised on their registration profile.

**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](mailto:info@afa.com.au)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: (H): \_\_\_\_\_ Phone (M): \_\_\_\_\_ Phone (W): \_\_\_\_\_

Fitness Australia Registration Number: \_\_\_\_\_ Date: \_\_\_\_\_

Delivery Option:     Online     Face to face

Course Cost:        \$150

Visa     Mastercard    Cardholder's Name: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiry:              /              CSV: \_\_\_\_\_

# Student Enrolment Form

Date of Birth:                 /             /             Gender:    Male    Female    Place of Birth (State):

Next of Kin:   Relationship to this person:   Emergency 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 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 level of school?   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:		

Of the following categories, which BEST suits 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	Unemployed—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 Water 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 Recreational 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 & 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? (Choose one only)

Health Care Card (Deponent partner / child)	Pensioner Concession Card (Dependent partner / child)	Veterans Gold Card	No, I do <u>not</u> hold a Concession Card
--	--	--------------------	---

Unique Student Identifier (USI): All students participating in nationally recognised training delivered by a registered training organisation MUST have a USI.

I have a USI and give AFA authorisation to verify my USI.

If you do not have a USI, please apply here: <http://usi.gov.au/Students/Pages/default.aspx> (Please note you will receive your USI immediately upon application)

Please advise of your USI here:

I, \_\_\_\_\_ (name), have read, clarified and understand each of the following:

- Payment Terms & Conditions - including the Payments, Cancellations, Refund and Deferment Policies.
- Student Handbook - including the course information, online learning requirements, participation and assessment requirements, code of conduct, privacy policy and student support services.

I understand that Australian Fitness Academy must be supplied with my Unique Student Identifier (USI) before I am eligible to receive official outcomes of my studies, including a Statement of Attainment, Statement of Results or a Testamur Certificate.

I understand & agree to the terms, conditions and policies outlined in these documents and on the website.

I verify that the information provided above is true and correct.

Name:

Signature:

For Office Use Only:

Careers Consultant Signature:

Careers Consultant Name:

Date:  /  /