



Online Marketing for Personal Trainers

This online course covers techniques and useful channels to help you market yourself better as a Personal Trainer. Helping you to brand yourself and your services better to potential clients.



Workshop Overview:

- How to develop a marketing plan for a Personal Training business.
- How to evaluate different marketing channels, and which ones apply best for your circumstances.
- How to create Social Media accounts and how to use them as a Personal Trainer.
- How to create a website that will function well and help you attract new clients.
- How to ensure your marketing efforts are working effectively.
- 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 Business Development and Marketing knowledge and skill areas acknowledged 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

Name: _____ Email: _____

Address: _____ Suburb: _____ State: _____ Postcode: _____

Phone: (H): _____ Phone (M): _____ Phone (W): _____

Fitness Australia Registration Number: _____ Date: _____

Delivery Option: Online

Course Cost: \$200

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 (Dependent 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: / /