



## Children's Movement Programs

With the increasing rates of obesity in children associated with inactivity and poor nutrition, the role of the fitness professional has become crucial. The need for personal trainers with a specialized age specific skillset is in high demand. The AFA Children's Movement Programs course provides you with the skills and knowledge to plan and deliver fun, effective and interactive exercise sessions for children.



### Workshop Overview:

- The physiology of children (stages of growth)
- Communicating effectively
- The benefits of exercise and healthy nutrition
- Exercise considerations, guidelines and example activities
- Screening and identifying children with special needs
- Self-paced online course (over 3 months) with a practical professional practice component

### Outcomes:

#### Upon completion participants will:

- Attain the following national units of competency:
  - *SISFFIT037 Develop and instruct group movement programs for children*
- Be eligible to receive 10 CECs and have the following Delivery Knowledge & Skill acknowledged on their AUSactive registration profile.
  - Children / Young Children
  - Pre-Choreographed Group Children / Adolescents
  - Skill and Motor Development

### Pre-requisite:

- Certificate III in Fitness.

### Course Cost:

**\$300**

### To Enrol or for More Info:

For more information, contact Australian Fitness Academy on 1300 232 348.

To enrol, complete details below and email to [info@afa.com.au](mailto:info@afa.com.au)

# STUDENT ENROLMENT FORM



## Personal Information:

Given name(s)	Surname or Family Name			
Email	Alternative Email			
Mobile	Home Phone			
Date of Birth	Gender	Male	Female	Other

## Unique Student Identifier:

It is a government regulation all students participating in nationally recognised training in Australia must have a USI.  
If you do not have a USI, please apply here: <http://www.usi.gov.au/students/create-your-usi/>

USI  You must use the same first and last name used to create your USI in the Enrolment Form

## Residential Address

Please provide your physical address of your usual residence including **flat or unit number / street number / street name**  
(you cannot use a PO BOX)

Number and street   
Suburb / town / city  State  Postcode

## Postal Address

Only complete this section if different from above (you can include PO Box)

Number and street   
Suburb / town / city  State  Postcode

## Which best describes your current employment status?

Full-time employee	Part-time employee	Employed - unpaid worker in family business
Self-employed - not employing others	Self-employed - employing others	Unemployed - seeking full-time work
Unemployed - seeking part-time work	Not employed - not seeking work	

## Which best describes your occupation?

Manager	Professional	Technician or Trade Worker
Community and Personal Service Worker	Clerical and Administrative Worker	Sales Worker
Machinery Operator and Driver	Labourer	Other

## Which best describes your industry of employment?

Agriculture, Forestry and Fishing	Mining	Manufacturing
Electricity, Gas, Water and Waste Services	Construction	Wholesale Trade
Machinery Operator and Driver	Accommodation and Food Services	Transport, Postal and Warehousing
Information, Media and Telecommunications	Rental, Hiring and Real Estate Services	Professional, Scientific and 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		

## Are you still enrolled in secondary school?

Yes ☐ No ☐

## Are you completing this course as part of your High School Certificate in Education?

Yes ☐ No ☐

## Highest school level completed?

Year 12 ☐ Year 11 ☐ Year 10 ☐ Year 9 ☐ Year 8 ☐ Did not attend school ☐

## In which year did you complete school?

# STUDENT ENROLMENT FORM



## Have you successfully completed any of the following qualification?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bachelor degree or higher                                   | <input type="checkbox"/> Advanced diploma or associate degree                                | <input type="checkbox"/> Diploma or associate diploma |
| <input type="checkbox"/> Certificate IV or advanced certificate / technician         | <input type="checkbox"/> Certificate III or trade certificate                                | <input type="checkbox"/> Certificate II               |
| <input type="checkbox"/> Certificate I   | <input type="checkbox"/> Other education (including certificates or overseas qualifications) |   |
| <input type="checkbox"/> No, I have not previously completed any other qualification |  |   |

## Which best describes your main reason for undertaking this course?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> To get a job                                 | <input type="checkbox"/> To develop existing business        | <input type="checkbox"/> To start my own business                  |
| <input type="checkbox"/> To try for a different career                | <input type="checkbox"/> To get a better job or promotion    | <input type="checkbox"/> It was a requirement of my job            |
| <input type="checkbox"/> I wanted extra skills for my job             | <input type="checkbox"/> To get into another course of study | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To get skills for community / voluntary work | <input type="checkbox"/> Other reasons                       |  |

## Country of Birth:

### Are you an Australian Permanent Resident?

☐ Yes ☐ No

### Are you in Australia on a student visa?

☐ Yes ☐ No

### Do you speak a language other than English at home?

☐ No ☐ Yes. Please specify:

### How well do you speak English?

☐ Very Well ☐ Well ☐ Not Well ☐ Not Well at All

### Do you consider yourself to have a disability, impairment or long-term condition?

☐ Yes ☐ No

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

- |   |  |                                   |   |
|---|--|-----------------------------------|---|
| <input type="checkbox"/> Hearing / deaf | <input type="checkbox"/> Medical Condition         | <input type="checkbox"/> Physical | <input type="checkbox"/> Intellectual   |
| <input type="checkbox"/> Learning       | <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Vision   | <input type="checkbox"/> Mental Illness |

☐ Other. Please specify:

### Are you an Aboriginal or Torres Strait Islander?

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander

### Do you hold any of the following concession cards?

- |  |   |
|--|---|
| <input type="checkbox"/> No, I do not hold a concession                        | <input type="checkbox"/> Health Care Card (Dependant partner / child) |
| <input type="checkbox"/> Pensioner Concession Card (Dependant partner / child) | <input type="checkbox"/> Veterans Gold Card                           |

### Victorian Student Number (VSN)

☐ Yes. MY VSN is:

☐ Yes, however I do not know my VSN.

☐ No. My studies are prior to 2010 OR I am new to the Victorian Education System and have never attended a Victorian school, TAFE or other Training Provider.

### Emergency Contact Details

Next of Kin:

Relationship:

Contact Number:

# STUDENT ENROLMENT FORM



I, \_\_\_\_\_ (Name), have read, clarified and understand each of the following procedures included in the [Student Handbook](#) as follows:

- Learning Requirements
- Recognition of Prior Learning
- Student Welfare, Access and Equity
- Student Support Services
- Assessment
- Code of Conduct
- Complaints and Appeals
- Plagiarism and Cheating
- Course Deferrals and Transfers
- Cancellations and Refunds
- Student Records
- Privacy
- USI
- Legislation
- Terms and Conditions of Enrolment

I understand I must provide Australian Fitness Academy 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 consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice and verify that the information provided to the best of my knowledge is true and correct.

I understand the full course fee to be paid (including deposit) is: **\$300** (unless advertised otherwise)

I understand & agree to the terms, conditions, course fees, training plans and policies outlined in these enrolment documents, the student handbook and on the website.

**Signature**

**Date**

AUSactive Registration Number:

For applicants under the age of 18 years at the time of enrolment, this form must be signed by a parent or guardian.

As the Parent/Guardian of the applicant above, I confirm that all the information provided is correct and accurate and I give my consent for the applicant above to undertake the course.

**Parent / Guardian Name**

**Email Address**

**Parent / Guardian Name  
Signature**

**Date**

Course Cost: \$300

Visa

Mastercard

Cardholder's Name:

Card Number:

Expiry:

/

CSV

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## For Office Use Only

Careers Consultant Signature

Careers Consultant Name

Date