



## Pregnancy & Exercise - Contemporary Training Guidelines

This comprehensive online workshop covers the essentials of training pregnant clients. It includes up to date information relevant to pre and post natal clients and clarifies many of the misconceptions associated with exercise. The information is current, research based and supported by key organisations including Sports Medicine Australia and the Royal College of Obstetricians and Gynaecologists.



### Workshop Overview:

- Review of the physiology changes associated with pregnancy.
- Description of healthy weight gain.
- Clarification and identification of associated conditions that impact on exercise participation.
- Pre and post natal exercise guidelines including a comparison of contemporary and previous recommendations.
- Practical exercise and participation guidelines.
- 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 Pre & Post Natal 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](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<br>(Dependent partner / child) | Pensioner Concession Card<br>(Dependent partner / child) | Veterans Gold Card | No, I do <u>not</u> hold a<br>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:  /  /