



Fundamentals of Kettlebell Training [face-to-face]

This practical hands-on workshop enables participants to establish the skills and knowledge to confidently plan, deliver and instruct a variety of fundamental kettlebell exercises for clients.



Workshop Overview:

- History and principles underpinning kettlebell training
- Kettlebell programming methods for a variety of client training objectives including strength, cardio-vascular and flexibility/ mobility
- Instruct and demonstrate fundamental Ballistic Exercises including: Swings, Cleans & Snatches
- Instruct and demonstrate fundamental Grinding Exercises including: Turkish Get-Ups, Windmills & Renegade Rows
- Key teaching points, modification options and common technique errors associated with Kettlebell exercises
- 7-hour face to face practical workshop

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 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 or fax to 03 9532 9044.

Name:

Email:

Address:

Suburb:

State:

Postcode:

Phone: (H):

Phone (M):

Phone (W):

Fitness Australia Registration Number:

Date:

Course Cost: \$250

Workshop Date:

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: / /