



## Olympic Weightlifting Techniques

Olympic weightlifting exercises involve complex movement patterns. This course provides a detailed guide to instructing a variety of Olympic lifts.



### Workshop Overview:

- Learn how to perform a range of weightlifting complexes with optimal mechanics.
- Develop an extensive understanding of how to apply progressive, safe practices to a range of weightlifting complexes for clients regardless of experience level.
- Learn how to identify and correct common poor technique issues associated with common Olympic lifts.
- Exercises include the snatch, clean, jerk and a range of weightlifting complexes.
- 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.

**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) 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: \$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			Pensioner Concession Card	Veterans Gold Card	No, I do <u>not</u> hold a	Concession Card
(Dependent partner / child)			(Dependent partner / child)			
Unique Student Identifier (USI): All students participating in nationally recognised training delivered by a registered training organisation MUST have a USI.						
If you do not have a USI, please apply here: <a href="http://usi.gov.au/Students/Pages/default.aspx">http://usi.gov.au/Students/Pages/default.aspx</a> (Please note you will receive your USI immediately upon application)				I have a USI and give AFA authorisation to verify my USI.		
				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:  /  /