



## Online Marketing for Personal Trainers

This course includes the latest in online marketing strategies, to enable you to build your business in a cost effective way. Learn about Social Media strategies, website optimisation, and online communication channels, specific to your target market.



### 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 CECSs from this course.

Upon completion of this course, Fitness Australia Registrants are eligible to have the Business Development and Marketing knowledge and skill areas recognised 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) 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: \$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
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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:  /  /