

Assessment planning and record of achievement declaration

Declaration		Name	Signature	Date
Learner's agreement:	I agree to be assessed according to the assessment plan and am happy that any additional support I require has been discussed and a separate plan put in place for this. I declare that all of the evidence (listed in the assessment plan) that will be produced for this portfolio will be my own unaided work.			
Assessor's agreement:	I have discussed the planned assessments with the learner and any additional support required has been planned and recorded separately.			

Record of achievement declaration

Declaration		Name	Signature	Date
Assessor 1's agreement:	I declare that all learner evidence (listed in the assessment plan) has been assessed and meets the learning outcomes, assessment criteria and evidence requirements for the qualification.			
Assessor 2's agreement: (if applicable)	I declare that all learner evidence (listed in the assessment plan) has been assessed and meets the learning outcomes, assessment criteria and evidence requirements for the qualification.			
Assessors 3's agreement: (if applicable)	I declare that all learner evidence (listed in the assessment plan) has been assessed and meets the learning outcomes, assessment criteria and evidence requirements for the qualification.			
Internal verifier's agreement:	I declare that all learner evidence (initialled in the assessment plan) has been internally verified and meets the learning outcomes, assessment criteria and evidence requirements for the qualification.			

Applying the principles of nutrition to a physical activity programme

Unit accreditation number: L/600/9054

Programming personal training with clients

Unit accreditation number: F/600/9052

Client interview

Name of client		Gender: M / F
Telephone No.	Date of birth	
Physical measurements		
1.		
2.		
What are your personal fitness goals/aspirations?		
How many times a week can you commit to training?		two times
How much time can you commit to each session?		1 hour
What is your occupation?		
What are your hours of work?		

Briefly describe your current eating patterns:

What are your personal nutritional goals/aspirations?

Do you have any particular personal circumstances which you feel may affect your fitness programme? (if so, please specify)

What types of exercise do you currently do and how often?

What types of exercise do you enjoy?

What types of exercise do you dislike?

Why do you dislike them?

Physical activity readiness questionnaire (PAR-Q) and you

(A questionnaire for people aged 15 - 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

1. has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	YES	NO
2. do you feel pain in your chest when you do physical activity?	YES	NO
3. in the past month, have you had chest pain when you were not doing physical activity?	YES	NO
4. do you lose your balance because of dizziness or do you ever lose consciousness?	YES	NO
5. do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?	YES	NO
6. is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart conditions?	YES	NO
7. do you know of any other reason why you should not do physical activity?	YES	NO

If you answered YES to one or more questions:

Talk with your doctor by phone or in person **BEFORE** you start becoming much more physically active or **BEFORE** you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- you may be able to do any activity you want as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice
- find out which community programmes are safe and helpful for you

If you answered NO to all questions:

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go
- take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active

DELAY BECOMING MUCH MORE ACTIVE:

if you are not feeling well because of a temporary illness such as a cold or a fever, wait until you feel better; or
if you are or may be pregnant, talk to your doctor before you start becoming more active

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

NO CHANGES PERMITTED. YOU ARE ENCOURAGED TO PHOTOCOPY THE PAR-Q BUT ONLY IF YOU USE THE ENTIRE FORM.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity programme or a fitness appraisal, this section may be used for legal or administrative purposes.

“I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.”

Name:

Signature:

Date:

Signature of parent
or guardian:
(for participants under the age of majority)

Witness:

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

All information will be kept confidential.

Informed consent

1. Explanation of the exercise test - you will perform a number of exercise tests. The exercise intensity of each will be at a level appropriate to your ability. I may stop the test at any time because of signs of fatigue or, you may stop when you wish because of personal feelings of fatigue or discomfort.
2. Risks and discomforts - there exists the possibility of certain changes occurring during the test. They include abnormal blood pressure, fainting, disorder of heartbeat and in rare instances, heart attack, stroke or death. Every effort will be made to minimise these risks by evaluation of preliminary information relating to your health and fitness and by observations during testing. Trained personnel are available to deal with unusual situations that may arise.
3. Responsibilities of the client - information you possess about your health status or previous experiences of unusual feelings with physical effort may affect the safety and value of your exercise tests. Prompt reporting of feelings of effort during the exercise tests are of great importance. It is your responsibility to fully disclose such information when requested.
4. Benefits to be expected - the results obtained from the exercise tests will assist in evaluating what type of physical activities you may participate in.
5. Injuries - any questions about the procedures used in the exercise tests are encouraged. If you have any doubts or questions, please ask for further explanations.
6. Freedom of consent - your permission to perform the exercise tests is voluntary. You are free to deny consent or stop at any point, if you so desire.

I have read this form and I understand the test procedures that I will perform. I consent to participate.

Client's Signature:

Trainer's Signature:

Print Name:

Print name:

Date:

Date:

Client analysis

Briefly summarise your client's attitude and motivation towards exercise:

List your client's current barriers to exercise (perceived or actual):

List ways of overcoming the barriers listed above:

At what stage of change / readiness is your client currently at?

What leads you to that conclusion?

List the personal fitness and nutritional goals you have agreed with your client and describe how they are SMART (Specific, measurable, achievable, realistic and time bound):

Short term:

Medium term:

Long term:

Summarise the healthy eating advice you will give to your client: