



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 AUSactive CECs from this course.

Upon completion of this course, AUSactive 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

Name: _____ Email: _____

Address: _____ Suburb: _____ State: _____ Postcode: _____

Phone: (H): _____ Phone (M): _____ Phone (W): _____

AUSactive 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 Pensioner Concession Card Veterans Gold Card No, I do **not** hold a
 (Deponent partner / child) (Dependent partner / child) 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: / /