



Running Training for Personal Trainers

This online course covers running technique, programming and drills and how they can be used to get results for clients with running specific fitness goals.



Workshop Overview:

- The role of the personal trainer when providing advice on running training.
- How to develop, implement and instruct a variety of running drills.
- Running technique: common errors to look for and how to correct them.
- Programming and planning a fitness program for common running events such as 'fun runs'.
- 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 Sports Specific Conditioning and Cardiovascular Training 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

Name:		Email:		
Address:		Suburb:	State:	Postcode:
Phone: (H):	Phone (M):	Phone (W):		
AUSactive Registration Number:				Date:
Delivery Option:	<input type="checkbox"/> Online	<input type="checkbox"/> Face to face		
Course Cost:	\$150			
<input type="checkbox"/> Visa	<input type="checkbox"/> 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: / /