



Suspension Training

This workshop uses practical demonstrations to provide participants with the skills and knowledge to plan and deliver a variety of suspension exercises for clients.



AUSactive

CEC PROVIDER

Workshop Overview:

- Background and history of suspension training
- Types of suspension training equipment and how to safely set up, adjust and utilize a suspension device
- Principles of suspension training including the principles of levers, stability, neuromuscular activation, base of support and their impact on exercise intensity.
- Teaching points, modification options and common technique errors associated with upper and lower body strength exercises, core conditioning and cardiovascular exercises and exercises for flexibility and balance.
- Self-paced online course over 3 months

Pre-requisite:

Participants must have completed the Certificate III in Fitness and be registered as a Gym Instructor to be eligible to attain AUSactive CECs from this course.

Upon completion of this course, AUSactive Registrants are eligible to have the Core Strength and Stability, Functional Training and Outdoor delivery 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

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			
(Dependent 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: / /