

YMCA Awards Level 3 Diploma in Personal Training (Practitioner)

Learner Achievement Record

|  |  |
| --- | --- |
| Learner Name |  |

<http://www.trainermaker.com>

|  |
| --- |
|  |

Please note, any pink shaded box within the LAR MUST be completed with a comprehensive answer. 100% completion required!

**Assessment Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Unit title | Assessment number | Evidence / Assessment method | Date, time and place of assessment | Reasonable adjustments |
| Applied Anatomy and Physiology (A/616/4747) | 1 | Multiple choice theory paper (section 1) |  |  |
| 2 | Y-mark assessment workbook (Section 1) |  |  |
| Promoting wellness through client motivation and interaction (J/616/4749) | 2 | Y-mark assessment workbook (Section 2) |  |  |
| 3 | Personal training case study including knowledge questions |  |  |
| Bespoke exercise programme design (F616/4751) | 2 | Y-mark assessment workbook (Section 3) |  |  |
| 3 | Personal training case study (including knowledge questions) |  |  |
| 4 | Learner-log (Section A – Health screening and fitness assessments) |  |  |
| Customised exercise programme instruction and communication techniques (J/616/4752) | 2 | Y-mark assessment workbook (Section 4) |  |  |
| 3 | Personal training case study (including knowledge questions) |  |  |
| 4 | Learner-log (Section B – Training methods and systems) |  |  |
| 4 | Learner-log (Section C – Group exercise instruction |  |  |
| Nutrition to support physical activity (L/616/4753) | 1 | Multiple choice theory paper (Section 2) |  |  |
| 2 | Y-mark assessment workbook (Section 5) |  |  |
| 3 | Personal training case study (including knowledge questions) |  |  |
| Business acumen for personal training (Y616/4755) | 2 | Y-mark assessment workbook (Section 6) |  |  |
| 3 | Personal training case study (including knowledge questions) |  |  |

|  |  |
| --- | --- |
| Learner signature |  |
| Assessor signature |  |
| IQA signature |  |

**Task 1**

Relating to Assessment 4

For this task, you must complete the learner-log as a record that you have experienced each assessment/training method and that you have delivered a small group training session

**Learner-log (Section A) Health screening and fitness assessments**

|  |  |  |  |
| --- | --- | --- | --- |
| Learner’s name |  | Date |  |
| Assessor’s name |  | IQA’s name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Test (Minimum one from each section | Results | Implication | Date |
| Blood pressure |  |  |  |
| Anthropometrics |
| Height and weight |  |  |  |
| BMI |  |  |  |
| Waist circumference |  |  |  |
| Waist to hip ratio |  |  |  |
| Body composition |
| Callipers |  |  |  |
| Bio-electrical impedance |  |  |  |
| Cardiovascular fitness |
| Step test |  |  |  |
| Balke test |  |  |  |
| Cooper test |  |  |  |
| 2000m row test |  |  |  |
| FTP test |  |  |  |
| Other (please specify) |  |  |  |
| Range of movement |
| Sit and reach test |  |  |  |
| Ankle dorsi flexion |  |  |  |  |
| Knee flexion |  |  |  |  |
| Hip flexion |  |  |  |  |
| Hip extension |  |  |  |  |
| Hip external rotation |  |  |  |  |
| Shoulder flexion |  |  |  |  |
| Shoulder horizontal flexion |  |  |  |  |
| Wrist flexion |  |  |  |  |
| Muscular fitness |
| (please specify) |  |  |  |

|  |
| --- |
| Do any of these tests indicate the need to refer to a relevant professional prior to taking part in prescribed activity? |
|  |

**Observation Record and Feedback**

**(Learner Log Section A)**

(to be completed by ASSESSOR)

|  |  |
| --- | --- |
| Learner name |  |
| Assessor name |  |
| IQA name |  |
| Date |  |
| Assessment element | 4 |

Health screening and fitness assessments

|  |  |
| --- | --- |
| The learner: | PASS/REFER |
| HS1. Demonstrated their ability to conduct a range of static and dynamic fitness tests |  |
| HS2. Ensured that protocols were implemented for each test conducted in order them to be considered; valid, reliable, repeatable and accurate |  |
| HS3. Ensured they conducted all tests with sensitivity and empathy towards clients |  |
| HS4. Analysed and documented the results from each fitness test |  |
| HS5. Documented if test results would suggest a need for client to be referred to appropriate professional (as required) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Health screening and fitness assessments | Pass |  | Refer  |  |
| Assessor feedback |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Learner signature |  | Date |  |
| Assessor signature |  | Date |  |
| IQA signature |  | Date |  |

**Learner-log (Section B) Training methods and systems**

(To be completed by ASSESSOR)

|  |  |  |  |
| --- | --- | --- | --- |
| Learner’s name |  | Date |  |
| Assessor’s name |  | IQA’s name |  |

|  |  |  |
| --- | --- | --- |
| Method | Complete | Date |
| TM1. Cardiovascular |
| Continuous |  |  |
| Fartlek |  |  |
| Intervals |  |  |
| High intensity interval training |  |  |
| Metabolic |  |  |
| TM2. Resistance |
| Super set |  |  |
| Tri set |  |  |
| Giant set |  |  |
| Pyramid set |  |  |
| Negative/eccentric training |  |  |
| German volume training |  |  |
| Drop/strip set |  |  |
| Circuit training |  |  |
| Time-under-tension |  |  |
| Basic sets |  |  |
| Other (please specify) |  |  |
| TM3. Other (Stretching, mobility or functional – please specify) |
|  |  |  |

**Observation Record and Feedback**

**(Learner Log Section B)**

(to be completed by ASSESSOR)

|  |  |
| --- | --- |
| Learner name |  |
| Assessor name |  |
| IQA name |  |
| Date |  |
| Assessment element | 4 |

Training methods and systems

|  |  |
| --- | --- |
| The learner: | PASS/REFER |
| Demonstrated their ability to conduct a range of exercises using:* Different training methods for each component (CV and resistance)
* Different equipment including as a minimum; cardiovascular machines, resistance machines, free weights and other small apparatus as appropriate to the training method
 |  |
| In teaching:* Used motivational styles that were appropriate to the client and consistent with accepted good practice
* Made the best use of the environment in which the client was exercising
* Provided instructions, explanations and demonstrations across all training methods that were technically correct, safe and effective
* Monitored the client using appropriate methods
* Adapted communication methods to make sure the client understood what was required
* Ensured that the client could carry out exercises safely on their own
* Analysed the client’s performance and provided positive reinforcement throughout, breaking down any technical information for the client to understand
* Corrected technique at appropriate points with sensitivity and skill in verbal cueing
* Modified exercises according to the client’s performance and feedback
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| --- | --- | --- | --- | --- |
| Training methods and systems | Pass |  | Refer  |  |
| Assessor feedback |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Learner signature |  | Date |  |
| Assessor signature |  | Date |  |
| IQA signature |  | Date |  |

**Observation Record and Feedback**

**(Learner Log Section C)**

(to be completed by ASSESSOR)

|  |  |
| --- | --- |
| Learner name |  |
| Assessor name |  |
| IQA name |  |
| Date |  |
| Assessment element | 4 |

Group training

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| --- | --- |
| The learner: | PASS/REFER |
| GR1. Incorporated a cardiovascular component (bodyweight or using apparatus suitable for a group) |  |
| GR2. Incorporated a resistance section (can be demonstrated on either RM, FW, BW or other small apparatus using appropriate training methods for a group) |  |
| GR3. Incorporated a ……………….section (please specify)* Stretching
* Mobility
* Functional fitness
 |  |
| GR4. Adapted communication techniques and teaching style to suit a group session as required, across all components |  |
| GR5. Identified any safety considerations when working with a group |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Small group training | Pass |  | Refer  |  |
| Assessor feedback |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Learner signature |  | Date |  |
| Assessor signature |  | Date |  |
| IQA signature |  | Date |  |

\*\*PLEASE NOTE THAT YOU CANNOT BEGIN PERSONAL TRAINER SHOWCASE UNTIL ALL THREE LEARNER LOG SECTIONS ARE COMPLETE AND SIGNED OFF\*\*

**Task 2**

Relating to Assessment 3

For this task you must complete a personal training case study and complete the following paperwork

**Consultation**

|  |  |  |  |
| --- | --- | --- | --- |
| Learner’s name |  | Date |  |
| Client’s name |  |

**Client profile**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Gender |  | Age |  | Height |  | Weight |  |
| BMI |  | Body composition |  | Health status |  |

|  |
| --- |
| Description of lifestyle, to include; family, occupation, hobbies etc |
|  |

|  |  |
| --- | --- |
| Description of present exercise and physical activity levels (Detail all information including days and times of training and FITT) | Description of past exercise and physical activity levels (FITT) |
|  |  |

|  |  |
| --- | --- |
| Client activity likes | Client activity dislikes |
|  |  |

**PARQ**

|  |  |
| --- | --- |
| Name |  |
| Age |  |
| Gender |  |
| Contact number |  |
| Email |  |
| Next of kin |  |
| Next of kin contact number |  |

This PARQ is designed to help you to help yourself. Many benefits are associated with regular exercise and completion of this PARQ is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose a problem or a hazard.

The PARQ has been designed to identify the small number of people for whom physical activity might be inappropriate or for those who should seek medical advice concerning the type of activity most suitable for them.

Common sense is the best guide for answering these questions

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |  |  |
| Do you feel pain in your chest when you do physical activity? |  |  |
| In the past month, have you had chest pain when you were not doing physical activity? |  |  |
| Do you lose your balance because of dizziness or do you ever lose consciousness? |  |  |
| Do you have a bone or joint problem (for example; back, knee or hip) that could be made worse by a change in physical activity? |  |  |
| Is your doctor currently prescribing drugs (for example; water pills) for your blood pressure or a heart condition? |  |  |
| Do you know of any other reason why you should not do physical activity? |  |  |

YES – If you have answered ‘yes’ to any of the above questions, then you are required to gain consent from your doctor before participating in the personal training programme.

NO - If you have answered ‘no’ to all of the above questions and you have reasonable assurance of your suitability for:

* A gym-based exercise programme, which will include exercises designed around your needs and goals. The programme will work all components of physical fitness and use the principles of fitness to ensure it is a gradual, periodised programme of exercise and physical activity.

Then you are permitted to participate in the exercise programme at your own risk.

You are advised to postpone entry into the programme if you feel unwell or have a temporary illness.

You must inform your instructor of any changes to your health status whilst engaged in your training programme.

Witness signature only required if client is aged under 16 or a vulnerable adult.

|  |  |  |  |
| --- | --- | --- | --- |
| Client name |  | Client signature |  |
| Witness name |  | Witness signature |  |
| Instructor name |  | Instructor signature |  |

**Informed consent**

I understand that the purpose of this exercise programme is to provide safe and individualized exercise to improve health and fitness. The exercises may include:

Cardiovascular machine activities – treadmill walking or jogging, rowing, cycling, stair climbing and other such activities in an outdoor or alternative environment

Resistance training activities using resistance machines, free weights or circuit training to improve muscular fitness

Core and flexibility/mobility exercises to improve core stability and movement/range of motion around the joints

Potential risks:

The exercise programme is designed to place a gradually increasing workload on the cardiovascular and muscular systems and thereby improve their function. The reaction of the cardiovascular and muscular system to such exercise cannot always be predicted with complete certainty. There is a risk of certain changes that might occur during or following the exercise. These changes could relate to blood pressure or heart rate.

Potential benefits:

I understand that a programme of regular exercise has been shown to be beneficial. Some of these benefits include

* A decrease in risk of heart disease
* A decrease in body fat
* Improved blood pressure
* Improvement in psychological function
* Improvement in aerobic fitness

The gym programme has been explained to me and my questions regarding the programme have been answered to my satisfaction. I understand that I am free to withdraw at any time. The information obtained will be treated as private and confidential.

|  |  |  |  |
| --- | --- | --- | --- |
| Client signature |  | Date |  |
| Witness signature |  | Date |  |

**Consultation Record Continued…**

|  |  |
| --- | --- |
| PARQ completed? (Y/N) |  |
| Any ‘YES’ answers? (Y/N) |  |
| Analysis of PARQ responses and actions to be taken  |
|  |

**Health screening**

|  |
| --- |
| Health assessment results (minimum 2 required) |
| Resting heart rate (RHR) |  |
| Blood pressure |  |
| Height and weight |  |
| BMI |  |
| Waist circumference |  |
| Waist to hip ratio |  |
| Cardiovascular fitness test (specify) |  |
| Range of movement (specify) |  |
| Muscular fitness (specify) |  |
| Balance / Proprioception (specify) |  |

|  |
| --- |
| Health assessment results analysis (List considerations for the programme based on the above and PARQ. State whether you think the client should be referred to an appropriate professional prior to taking part in physical activity giving your reasons for referral – you may also use risk analysis tools such as ACSM/IRWIN and Morgan) |
|  |

**Posture assessment**

|  |
| --- |
| Posture and alignment |
| Area of the body | Observation | Recommendations |
| Head and Cervical spine |  |  |
| Shoulders, scapulae and thoracic spine |  |  |
| Pelvis and lumbar spine |  |  |
| Knees feet and ankles |  |  |

|  |
| --- |
| Functional ability |
|  |

|  |
| --- |
| Client’s needs |
|  |

|  |
| --- |
| Client’s readiness to participate (list general feelings and obstacles) |
|  |

**Goal setting**

|  |
| --- |
| SMART goals (indicate whether another party other than the instructor should be involved in goal setting and why) |
|  | SMART goal | Barriers / Strategies to overcome barriers | Review dates |
| Long term ‘outcome’ goals |  |  |  |
| Medium term ‘process’ goals |  |  |  |
| Short term ‘habit/daily objective’ goals |  |  |  |

|  |
| --- |
| Other suggested activities available within the health and fitness facility that may help meet the client’s goals and compliment the gym programme |
|  |

|  |
| --- |
| Agreed programme review dates |
|  |

**Goal agreement**

I (the client) agree to the goals set forward above and will do my utmost to attain them

|  |  |  |  |
| --- | --- | --- | --- |
| Client signature |  | Date |  |

**Observation Record and Feedback - Consultation**

(to be completed by ASSESSOR)

|  |  |
| --- | --- |
| Learner name |  |
| Assessor name |  |
| IQA name |  |
| Date |  |
| Assessment element | 3 |

|  |  |
| --- | --- |
| The learner: | PASS/REFER |
| C1. Considered environmental factors prior to a consultation with a client |  |
| C2. Showed an understanding of components of a healthy lifestyle and factors that affect health and wellbeing |  |
| C3. Knew pre-exercise health screening methods |  |
| C4. Showed understanding of a range of theories/approaches tat can motivate positive behaviour change |  |
| C5. Showed and understanding of how to professionally interact with clients and relevant professionals |  |
| C6. Knew how to seek evidence-based/reputable health and wellbeing advice |  |
| C7. Showed an understanding of how to select and implement client assessments |  |
| C8. Showed an understanding of methods of static and dynamic fitness assessments |  |
| C9. Showed an understanding of methods of postural assessment |  |
| C10. Showed an understanding of how to set and adapt meaningful SMART goals linked to client’s individual needs, wants and motivators |  |
| C11. Identified any everyday activities the client incorporates into their lifestyle that could compliment a gym programme and assist them in achieving goals |  |
| C12. Referred the client to an appropriate professional prior to taking part in physical activity when required |  |
| C13. Explained the importance of regular assessment and accurate record keeping to the client |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Consultation  | Pass |  | Refer  |  |
| Assessor feedback |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Learner signature |  | Date |  |
| Assessor signature |  | Date |  |
| IQA signature |  | Date |  |

**Task 3**

Relating to Assessment 3

For this task you must complete the following paperwork in order to plan your client’s 12 week programme. You may adapt the table – but please include the same headings/information

**Macrocycle**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Month |  |  |  |  |  |  |  |  |  |  |  |  |
| Goals |  |  |  |  |  |  |  |  |  |  |  |  |
| Mesocycle Cardiovascular (list objectives for each meso) |  |  |  |  |  |  |  |  |  |  |  |  |
| Mesocycle Resistance(list objectives for each meso) |  |  |  |  |  |  |  |  |  |  |  |  |
| Notes |  |  |  |  |  |  |  |  |  |  |  |  |

**12 Week training block**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Week | CV Training detail (List training methods, FITT and SPORT principles) | RT training detail(List training methods, FITT and SPORT principles) | Other training detail | Justification of techniques chosen (list what progressions have been made and why) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |

|  |
| --- |
| Activities for daily living (ADLs) (Note what can be included how they could progress over the 12 week programme) |
|  |

|  |
| --- |
| Exercise in other environments (Note what exercise is done away from the PT programme) |
|  |

|  |
| --- |
| Please identify the environments (facilities) and equipment list that you will use during this programme |
|  |

**Gym Programme Card 1**

|  |  |
| --- | --- |
| Client name |  |
| Training goal |  |
| Date |  |

|  |  |  |
| --- | --- | --- |
| CV Warm-up | Component time |  |
| Equipment | Duration / timings | Level/speed | RPE/HR | Adaptation or alternative |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Warm-up mobility/stretches | Component time |  |
| Muscle group/movement/stretch | Reps | Time held/speed |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Resistance training  | Component time |  |
| Exercise/machine | Training method | Resistance | Reps | Sets | Rest | Adaptation or alternative |
|  |  |  |  |  |  |  |
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|  |  |  |
| --- | --- | --- |
| Bodyweight or functional exercise | Component time |  |
| Exercise | Resistance | Reps | Sets | Rest | Adaptation or alternative |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| CV training 1 | Component time |  |
| Equipment | Training method | Duration/ timings | Level/speed | RPE/HR | Adaptation or alternative |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| CV training 2 | Component time |  |
| Equipment | Training method | Duration/ timings | Level/speed | RPE/HR | Adaptation or alternative |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Cool-down | Component time |  |
| Equipment | Duration / timings | Level/speed | RPE/HR | Adaptation or alternative |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Cool-down stretches | Component time |  |
| Muscle group/stretch | Reps | Time held/speed |
|  |  |  |

|  |
| --- |
| Other activities the client may be interested in within the fitness facility to compliment their programme |
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|  |
| --- |
| Programme review dates |
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**Gym Programme Card 2**

|  |  |
| --- | --- |
| Client name |  |
| Training goal |  |
| Date |  |

|  |  |  |
| --- | --- | --- |
| CV Warm-up | Component time |  |
| Equipment | Duration / timings | Level/speed | RPE/HR | Adaptation or alternative |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Warm-up mobility/stretches | Component time |  |
| Muscle group/movement/stretch | Reps | Time held/speed |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Resistance training  | Component time |  |
| Exercise/machine | Training method | Resistance | Reps | Sets | Rest | Adaptation or alternative |
|  |  |  |  |  |  |  |
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|  |  |  |
| --- | --- | --- |
| Bodyweight or functional exercise | Component time |  |
| Exercise | Resistance | Reps | Sets | Rest | Adaptation or alternative |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| CV training 1 | Component time |  |
| Equipment | Training method | Duration/ timings | Level/speed | RPE/HR | Adaptation or alternative |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| CV training 2 | Component time |  |
| Equipment | Training method | Duration/ timings | Level/speed | RPE/HR | Adaptation or alternative |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Cool-down | Component time |  |
| Equipment | Duration / timings | Level/speed | RPE/HR | Adaptation or alternative |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Cool-down stretches | Component time |  |
| Muscle group/stretch | Reps | Time held/speed |
|  |  |  |

|  |
| --- |
| Other activities the client may be interested in within the fitness facility to compliment their programme |
|  |

|  |
| --- |
| Programme review dates |
|  |

**Gym Programme Card 3**

|  |  |
| --- | --- |
| Client name |  |
| Training goal |  |
| Date |  |

|  |  |  |
| --- | --- | --- |
| CV Warm-up | Component time |  |
| Equipment | Duration / timings | Level/speed | RPE/HR | Adaptation or alternative |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Warm-up mobility/stretches | Component time |  |
| Muscle group/movement/stretch | Reps | Time held/speed |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Resistance training  | Component time |  |
| Exercise/machine | Training method | Resistance | Reps | Sets | Rest | Adaptation or alternative |
|  |  |  |  |  |  |  |
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|  |  |  |
| --- | --- | --- |
| Bodyweight or functional exercise | Component time |  |
| Exercise | Resistance | Reps | Sets | Rest | Adaptation or alternative |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| CV training 1 | Component time |  |
| Equipment | Training method | Duration/ timings | Level/speed | RPE/HR | Adaptation or alternative |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| CV training 2 | Component time |  |
| Equipment | Training method | Duration/ timings | Level/speed | RPE/HR | Adaptation or alternative |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Cool-down | Component time |  |
| Equipment | Duration / timings | Level/speed | RPE/HR | Adaptation or alternative |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Cool-down stretches | Component time |  |
| Muscle group/stretch | Reps | Time held/speed |
|  |  |  |

|  |
| --- |
| Other activities the client may be interested in within the fitness facility to compliment their programme |
|  |

|  |
| --- |
| Programme review dates |
|  |

**Gym Programme Card 4**

|  |  |
| --- | --- |
| Client name |  |
| Training goal |  |
| Date |  |

|  |  |  |
| --- | --- | --- |
| CV Warm-up | Component time |  |
| Equipment | Duration / timings | Level/speed | RPE/HR | Adaptation or alternative |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Warm-up mobility/stretches | Component time |  |
| Muscle group/movement/stretch | Reps | Time held/speed |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Resistance training  | Component time |  |
| Exercise/machine | Training method | Resistance | Reps | Sets | Rest | Adaptation or alternative |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Bodyweight or functional exercise | Component time |  |
| Exercise | Resistance | Reps | Sets | Rest | Adaptation or alternative |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| CV training 1 | Component time |  |
| Equipment | Training method | Duration/ timings | Level/speed | RPE/HR | Adaptation or alternative |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| CV training 2 | Component time |  |
| Equipment | Training method | Duration/ timings | Level/speed | RPE/HR | Adaptation or alternative |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Cool-down | Component time |  |
| Equipment | Duration / timings | Level/speed | RPE/HR | Adaptation or alternative |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Cool-down stretches | Component time |  |
| Muscle group/stretch | Reps | Time held/speed |
|  |  |  |

|  |
| --- |
| Other activities the client may be interested in within the fitness facility to compliment their programme |
|  |

|  |
| --- |
| Programme review dates |
|  |

**Programme consent**

I (the client) have had this programme content explained to me and agree to the implementation of this programme

|  |  |  |  |
| --- | --- | --- | --- |
| Client signature |  | Date |  |

**Session dates**

I agree to be trained on the below dates

|  |  |
| --- | --- |
|  | Date |
| Session 1 |  |
| Session 2 |  |
| Session 3 |  |

**Review dates**

I agree to review my training with my PT on the following dates

|  |  |
| --- | --- |
|  | Date |
| Review 1 |  |
| Review 2 |  |
| Review 3 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Client signature |  | Date |  |

**Session reviews**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Session 1 |  | Session 2 |  | Session 3 |  |
| After my sessions, I received the following feedback from my clients: |
| Session 1 |
|  |
| Session 2 |
|  |
| Session 3 |
|  |
|  |

|  |
| --- |
| My sessions met the client’s need in the following ways: (Communication, motivation etc) |
| Session 1 |
|  |
| Session 2 |
|  |
| Session 3 |
|  |

|  |
| --- |
| Explain what changes you would make to each session: |
| Session 1 |
|  |
| Session 2 |
|  |
| Session 3 |
|  |

|  |
| --- |
| Explain what changes you would make to the 12 week programme as a whole |
|  |

|  |
| --- |
| With the information gathered from your client and your own evaluation of the sessions within the programme, explain how you will review the PT programme and develop your own skills |
| Session 1 |
|  |
| Session 2 |
|  |
| Session 3 |
|  |

I (the client) agree with the above changes to personal training sessions and agree that they are appropriate to my needs

|  |  |  |  |
| --- | --- | --- | --- |
| Client signature |  | Date |  |
| Learner signature |  | Date |  |

**Assessment Record and Feedback - Summative 12-Week Programme Design**

(to be completed by ASSESSOR)

|  |  |
| --- | --- |
| Learner name |  |
| Assessor name |  |
| IQA name |  |
| Date |  |
| Assessment element | 3 |

Programme design

|  |  |
| --- | --- |
| The learner: | PASS/REFER |
| PD1. Analysed information contained within the consultation to inform the programme design |  |
| PD2. Demonstrated how to apply the key principles of training (FITT) to design exercise programmes to achieve a client’s short, medium and long term goals |  |
| PD3. Ensured all the relevant components of fitness were built into the programme (according to client needs and goals) |  |
| PD4. Identified suitable fitness training techniques for components of fitness (based on experience and fitness level of client and incorporating any adaptations as necessary) that can be used within a client programme to achieve their individual goals |  |
| PD5. Applied the principles of training to help the client achieve short, medium and long term goals |  |
| PD6. Agreed the demands of the programme content with the client |  |
| PD7. Agreed a timetable of sessions with the client |  |
| PD8. Arranged suitable dates for programme review in order to discuss short, medium and long term goals with client, taking into account any change in circumstance |  |
| PD9. Identified any resources needed for the programme (equipment/environments) |  |
| PD10. Recorded plans in a format that helped the client and others involved to implement the programme |  |
| PD11. Identified suitable alternative training environments and training systems for sessions not specifically for exercise within the 12 week programme |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 12 week programme | Pass |  | Refer  |  |
| Assessor feedback |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Learner signature |  | Date |  |
| Assessor signature |  | Date |  |
| Iv signature |  | Date |  |

**Assessment Record and Feedback - Summative Programming, Delivery and Review**

(to be completed by ASSESSOR)

Programme management

|  |  |
| --- | --- |
| The learner: | PASS/REFER |
| PM1. Provided alternatives to the programmed exercises/physical activities if the client could not take part as planned |  |
| PM2. Monitored the client’s progress using appropriate methods |  |
| PM3. Documented client’s opinions on progress and programme as a whole in meeting their needs and goals |  |
| PM4. Used methods of evaluation to help review the client’s progress against goals and baseline data (assessments) |  |
| PM5. Agreed review outcomes with the client |  |
| PM6. Accurately recorded review outcomes |  |
| PM7. Identified any adaptations, progressions or regressions required in consultation with the client |  |
| PM8. Recorded any changes to the programme plans to take account of adaptations |  |
| PM9. Monitored the effectiveness of adaptations and updated the programme as necessary |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Programme delivery and review | Pass |  | Refer  |  |
| Assessor feedback |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Learner signature |  | Date |  |
| Assessor signature |  | Date |  |
| Iv signature |  | Date |  |

**Task 4**

Relating to Assessment 3

For this task you must complete the practical observation and 12 week programme self evaluation form.

**12 Week Programme Self Evaluation Form**

|  |  |
| --- | --- |
| Learner name |  |
| Client name |  |
| Date |  |

|  |
| --- |
| Client feedback (either written by client or ask the client and record their answers) |
| Content of the session and instructional style – did it meet your needs and goals? |
| Teaching style |  |
| Motivational style |  |
| Session planning |  |
| Explanations/demonstrations |  |
| My feedback to you for action planning |  |
| Professionalism |  |
| Things to change (content or PT approach) |  |

|  |
| --- |
| Learner self-reflection (based on feedback given to you by the client) |
| Content of the session and instructional style – did it meet your needs and goals? |
| How effective were the activities you delivered? |  |
| How were you motivational and why did this help form an effective working relationship? |  |
| How did your communication style match your client’s needs? |  |
| What did you do that you would consider ‘professional’? |  |
| What did you do to manage the client’s health, safety and welfare and was it successful? |  |
| What interactions did you have with other staff? |  |
| Summarise ways in which your future practice can be improved |  |

|  |
| --- |
| Planning professional development |
| How will you improve your professional practice? Highlight methods of personal development that will assist you over the next 12 months and beyond |
| Planning skills |  |
| Delivery skills |  |
| Reviewing skills |  |
| Communication skills |  |

**Assessment Record and Feedback - Summative Practical Observation**

(to be completed by ASSESSOR)

|  |  |
| --- | --- |
| Learner name |  |
| Assessor name |  |
| IQA name |  |
| Date |  |
| Unit |  |
| Assessment element | 3 |

Planning and preparation

|  |  |
| --- | --- |
| The learner: | PASS/REFER |
| P1. Planned a range of exercises/physical activities and training techniques to help the client achieve their objectives and goals appropriate to their experience and ability |  |
| P2. Identified, obtained and prepared the resources needed for the planed session, improvising safely where necessary |  |
| P3. Helped the client feel at ease through appropriate communication suited to their needs |  |
| P4. Explained the planned objectives and exercises/physical activities to the client |  |
| P5. Explained to the client how the planned session support their goals and could be progressed and regressed |  |
| P6. Explained the physical and technical demands of the planned session to the client |  |
| P7. Assessed the client’s state of readiness and motivation to take part in the planned session and adapted communication style accordingly |  |
| P8. Negotiated and agreed with the client any changes to the planned session (in line with their goals) |  |
| P9. Identified reasons for and recorded changes to the client’s plans |  |
| P10. Provided a warm up that was appropriate to the client, planned exercises and environment |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Planning and preparation | Pass |  | Refer  |  |
| Assessor feedback |  |

**Assessment Record and Feedback - Summative Practical Observation**

(to be completed by ASSESSOR)

|  |  |
| --- | --- |
| Learner name |  |
| Assessor name |  |
| IQA name |  |
| Date |  |
| Unit |  |
| Assessment element | 3 |

Teaching and supporting clients

|  |  |
| --- | --- |
| The learner: | PASS/REFER |
| T1. Used motivational styles that were appropriate to the client and consistent with accepted good practice |  |
| T2. Made the best use of the environment in which the client was exercising |  |
| T3. Provided instructions, explanations and demonstrations across all components of the session that were technically correct, safe and effective (demonstrations only when necessary for the client) |  |
| T4. Utilised training systems for each component that were suitable for the client |  |
| T5. Monitored the client using appropriate methods and modified exercises according to performance and feedback |  |
| T6. Adapted communication methods to make sure the client understood what was required |  |
| T7. Ensured the client carried out exercises safely on their own |  |
| T8. Analysed the client’s performance and provided positive reinforcement throughout, breaking down and technical information for the client to understand |  |
| T9. Corrected technique at appropriate points with sensitivity and skill in verbal cueing |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Pass |  | Refer  |  |
| Assessor feedback* Warm up
* CV approach
* Resistance training
* Cool down
* Felxibility/mobility (inc PNF)
* Functional exercise
 |  |

**Assessment Record and Feedback - Summative Practical Observation**

(to be completed by ASSESSOR)

|  |  |
| --- | --- |
| Learner name |  |
| Assessor name |  |
| IQA name |  |
| Date |  |
| Unit |  |
| Assessment element | 3 |

Ending a session and evaluation

|  |  |
| --- | --- |
| The learner: | PASS/REFER |
| E1. Allowed sufficient time for the closing phase of the session |  |
| E2. Selected cool down activities according to type and intensity of the session and client need |  |
| E3. Provided the client with feedback and positive reinforcement  |  |
| E4. Explained to the client how their progress linked to their goals |  |
| E5. Provided clients with action plans to assist in their progress between sessions |  |
| E6. Left the environment in a condition suitable for future use |  |
| E7. Reviewed the outcomes of working with the client, including their feedback |  |
| E8. Identified:* How well the session met the client’s goals
* How effective and motivational the relationship with the client was
* How well the instructing styles matched the client’s needs
* Identified how to improve personal practice
 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ending a session and evaluation | Pass |  | Refer  |  |
| Assessor feedback |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Self evaluation | Pass |  | Refer  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Learner signature |  | Date |  |
| Assessor signature |  | Date |  |
| Iv signature |  | Date |  |

 **Task 5**

Relating to Assessment 3

For this task you must complete a nutritional case study and complete the following paperwork

**Nutritional Consultation**

|  |  |  |  |
| --- | --- | --- | --- |
| Learner’s name |  | Date |  |
| Client’s name |  |

**Client profile**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Gender |  | Age |  | Height |  | Weight |  |
| BMI |  | Body composition |  | Health status |  |

|  |
| --- |
| Description of lifestyle, to include; family, occupation, hobbies etc |
|  |

|  |  |
| --- | --- |
| Description of present exercise and physical activity levels (Detail all information including days and times of training and FITT) | Description of past exercise and physical activity levels (FITT) |
|  |  |

|  |  |
| --- | --- |
| Client activity likes | Client activity dislikes |
|  |  |

|  |
| --- |
| BMR calculation (show the whole calculation) |
|  |

|  |
| --- |
| Approximate daily kcal requirement (based on current activity levels, body composition, BMR and Physical Activity Factor) |
|  |

|  |
| --- |
| Any other comments |
|  |

**Food Diary**

You must complete a full and detailed 7-day food diary with your client. This diary must be included with your LAR or submitted via the TrainerMaker website. It must include a FULL breakdown of:

* Meal times
* Meals eaten
* Snacks eaten
* Drinks consumed
* Amount consumed (portion sizes or weight in grams)
* Physical activity undertaken that day with timings
* Client mood
* Any other relevant information

This information can be collated via apps such as ‘my fitness pal’ or manually using a diary type system. The raw data will be analysed in detail, therefore it is important that you get useful information.

\*\*Please note, retrospective food diaries lacking in sufficient detail will not be assessed!\*\*

**Food Analysis**

|  |  |
| --- | --- |
| Nutritional likes | Nutritional dislikes |
|  |  |

|  |
| --- |
| General eating habits (consider snacks, meal times etc) |
|  |

|  |
| --- |
| Food analysis |
| Daily kcals |
| Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|  |  |  |  |  |  |  |
| Daily kcals discussion  |
| Weekly kcals |  |
| Weekly kcals discussion |
| Weekly Macronutrient % |
| Carbohydrate (C) | Protein (P) | Fat (F) |
|  |  |  |
| Weekly macronutrient % discussion |
| Daily macronutrient % |
| Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| C | P | F | C | P | F | C | P | F | C | P | F | C | P | F | C | P | F | C | P | F |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily macronutrient discussion |
| Fruit and vegetable portions # |
| Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|  |  |  |  |  |  |  |
| Fruit and veg discussion |
| Fibre daily average (g) |
|  |
| Salt daily average (g) |
|  |
| Vitamins (comment on intake) |
|  |
| Minerals (comment on intake) |
|  |

|  |
| --- |
| Does client show signs of disordered eating and if so state what action should be taken |
|  |

|  |
| --- |
| Nutritional changes required and why |
|  |

|  |
| --- |
| Explain how your nutritional strategies and goals will work in combination with your exercise/physical activity programme to achieve client’s desired outcomes (include reference to the goals above and FITT principles and training modalities and methods in the physical activity programme) |
|  |

|  |
| --- |
| Identify 2 sources of educational information (evidence based) that you will access and make use of with your client and describe how these will help your client achieve their goals |
| Source | How it will help client achieve their goals |
|  |  |
|  |  |

**Nutritional goal setting**

|  |
| --- |
| SMART goals (indicate whether another party other than the instructor should be involved in goal setting and why) |
|  | SMART goal | Barriers / Strategies to overcome barriers | Review dates |
| Long term ‘outcome’ goals |  |  |  |
| Medium term ‘process’ goals |  |  |  |
| Short term ‘habit/daily objective’ goals |  |  |  |

**Goal agreement**

I (the client) agree to the goals set forward above and will do my utmost to attain them

|  |  |  |  |
| --- | --- | --- | --- |
| Client signature |  | Date |  |

**Nutritional Goals Review**

|  |
| --- |
| Review the short-term goals (in a timely fashion) and evaluate your client’s understanding of the nutritional advice and how it links to the exercise/physical activity programme. Evaluate their progress and suggest any changes that might be needed as a result of this review |
| Review of client’s understanding of the plan and feedback from the client about the plan |
|  |
| Negotiated changes to the nutritional goals and/or exercise/physical activity programme |
|  |

**Authenticity Statement**

I can confirm that I have worked with a client and that the information given in this case study is authentic

|  |  |  |  |
| --- | --- | --- | --- |
| Learner signature |  | Date |  |
| Assessor signature |  | Date |  |
| Iv signature |  | Date |  |

**Assessment Record and Feedback - Nutrition Case Study**

(to be completed by ASSESSOR)

|  |  |
| --- | --- |
| Learner name |  |
| Assessor name |  |
| IQA name |  |
| Date |  |
| Unit |  |
| Assessment element | 3 |

Nutritional consultation

|  |  |
| --- | --- |
| The learner: | PASS/REFER |
| N1. Identified and collected information that needs to be collected to offer nutritional advice to clients within scope of practice |  |
| N2. Applied methods of and analyzing nutritional intake and body composition suitable for use with their clients |  |
| N3. Recognised how to interpret collected information so that client’s needs and nutritional goals could be identified with reference to current government healthy eating guidelines and evidence-based recommendations |  |
| N4. Interpreted information gained from methods used to assess body composition and health risk in relation to weight |  |
| N5. Highlighted if the client should be referred to a GP |  |
| N6. Recorded information about the client and their nutritional goals in an approved format |  |
| N7. Designed and agreed nutritional goals that are compatible with the analysis, accepted good practice and national guidelines |  |
| N8. Ensured that the nutritional goals support and integrate with oher programme components |  |
| N9. Agreed review points with the client |
| N10. Reviewed the client’s understanding of how to follow the nutritional advice as part of their exercise/physical activity programme |
| N11. Monitored, evaluated and reviewed the client’s progress towards their nutritional goals |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Nutritional consultation | Pass |  | Refer  |  |
| Assessor feedback |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Nutrition case study | Pass |  | Refer  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Learner signature |  | Date |  |
| Assessor signature |  | Date |  |
| Iv signature |  | Date |  |

**Task 6**

Relating to Assessment 3

For this task you must complete a business case study and complete the following paperwork

|  |  |  |  |
| --- | --- | --- | --- |
| Learner’s name |  | Date |  |

**Business and Marketing Plan**

**Self analysis**

|  |
| --- |
| Define your ‘why’ in less than 100 words |
|  |

|  |
| --- |
| Write down what success looks like for you |
|  |
| Create a mission statement that identifies what you want to achieve in less than 100 words |
|  |
| Write down the values that you will adhere to in your business process |
|  |

**Market research**

|  |
| --- |
| Industry analysis |
| Company name | Location | Services | What they are doing well and why they may be successful | Pricing |
|  |  |  |  |  |

**SWOT analysis**

|  |
| --- |
| Compare your own assets and business ideas to those of other companies |
| Strengths | Weaknesses  |
| Opportunities | Threats |
| Create an action plan for each weakness |
|  |

**Feedback questionnaire**

Develop a questionnaire or other form of feedback that will help you to understand your potential target markets better. You must provide evidence of your questionnaire – either screenshots of online surveys or a hard copy of it to submit alongside this LAR.

**Defining your markets**

List your defined markets

|  |  |
| --- | --- |
| Market demographic (Who, location, size, accessibility, responsiveness) | Why |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Business aims, objectives and provisions**

Using your ‘Why’ and industry/SWOT analysis, develop your long-term (5 year) business aims, objectives and provisions (services) for your defined market. This is not a financial forecast. This is about identifying what may work for you, sit with your ‘why’ and your values. (Use the SMART acronym).

|  |  |
| --- | --- |
| Aim, objective or provision | SMART |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Description of your services**

|  |  |  |
| --- | --- | --- |
| Service offered | Brief description of service | Pricing strategy |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Name (must be available) | Reason for name choice |
| Company |  |  |
| Facebook  |  |  |
| Twitter  |  |  |
| Instagram |  |  |

F**inancial forecast**

Opportunity:

Year 1 £

Year 2 £

Year 3 £

Year 5 £

Your business is the sum of its parts:

Year 1 £

Year 2 £

Year 3 £

Year 5 £

Opportunity:

Year 1 £

Year 2 £

Year 3 £

Year 5 £

Opportunity:

Year 1 £

Year 2 £

Year 3 £

Year 5 £

Opportunity:

Year 1 £

Year 2 £

Year 3 £

Year 5 £

Opportunity:

Year 1 £

Year 2 £

Year 3 £

Year 5 £

Opportunity:

Year 1 £

Year 2 £

Year 3 £

Year 5 £

Opportunity:

Year 1 £

Year 2 £

Year 3 £

Year 5 £

Opportunity:

Year 1 £

Year 2 £

Year 3 £

Year 5 £

Opportunity:

Year 1 £

Year 2 £

Year 3 £

Year 5 £

Opportunity:

Year 1 £

Year 2 £

Year 3 £

Year 5 £

**Business start-up action plan** (copy for each opportunity listed on the previous page)

Opportunity 1

|  |  |  |
| --- | --- | --- |
|  | Process goal (SMART) | Daily objectives/tasks (SMART) |
| Venue hire |  |  |
| Insurance |  |  |
| Equipment |  |  |
| Pre-launch marketing |  |  |
| Mid-term marketing |  |  |
| Your skills |  |  |
| Your education |  |  |
| Your confidence |  |  |

**Promotional material**

**Leaflet or digital advert**

|  |  |
| --- | --- |
| Opportunity  |  |
| Target market |  |
| Strapline |  |
| Marketing copy |  |
| Description of image |  |

You must submit either a digital or hard copy of the finished product to submit alongside your LAR

**Press/media release**

|  |  |
| --- | --- |
| Opportunity |  |
| Headline |  |
| Opening paragraph |  |
| Body |  |
| Closing paragraph |  |
| Targeted media outlets (list minimum of 6) |  |

**Vlog/blog article**

Write or film a vlog/blog article that appeals to and engages with at least one of your target markets. You must submit this article.

**Business Case Study Assessment Record and Feedback**

(to be completed by ASSESSOR)

|  |  |
| --- | --- |
| Learner name |  |
| Assessor name |  |
| IQA name |  |
| Date |  |
| Unit |  |
| Assessment element | 3 |

Business case study

|  |  |
| --- | --- |
| The learner: | PASS/REFER |
| BM1. Gathered analysed and interpreted market research to identify a viable health and fitness product |  |
| BM2. Identified competitors and analysed their strengths and weaknesses in comparison to own (using SWOT analysis) |  |
| BM3. Identified the types of client who might be interested in the services and the benefits promoted |  |
| BM4. Developed a marketing plan for the proposed business using the SMART model |  |
| BM5. Created an effective marketing campaign to promote their business and it’s products/services |  |
| BM6. Developed quality promotional materials using appropriate technology as needed to create a brand image |  |

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| Business case study | Pass |  | Refer  |  |
| Assessor feedback |  |

**Summary of Achievement**

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| Unit title | Assessment Number | Evidence/ Assessment method | Assessment outcome (P/R/E) | Assessor signature/ date | Action plan/ evidence for exemption | Reassessment outcome (P/R/E) | Assessor signature/ date |
| Applied Anatomy and Physiology (A/616/4747) | 1 | MCT Section 1 |  |  |  |  |  |
| 2 | Y-Mark/Worksheet Section 1 |  |  |  |  |  |
| Assessor signature for sign off |  |
| IQA signature if sampled |  |
| EQA signature if sampled |  |

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| Unit title | Assessment Number | Evidence/ Assessment method | Assessment outcome (P/R/E) | Assessor signature/ date | Action plan/ evidence for exemption | Reassessment outcome (P/R/E) | Assessor signature/ date |
| Promoting wellness through client motivation and interaction (J/616/4749) | 2 | Y-Mark/Worksheet *Section 2* |  |  |  |  |  |
| 3 | PTCS Task 3 *Consultation* |  |  |  |  |  |
| Assessor signature for sign off |  |
| IQA signature if sampled |  |
| EQA signature if sampled |  |

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| Unit title | Assessment Number | Evidence/ Assessment method | Assessment outcome (P/R/E) | Assessor signature/ date | Action plan/ evidence for exemption | Reassessment outcome (P/R/E) | Assessor signature/ date |
| Bespoke exercise programme design (F/616/4751) | 2 | Y-Mark/Worksheet *Section 3* |  |  |  |  |  |
| 3 | PTCS Task 2 *Consultation* |  |  |  |  |  |
| 3 | PTCS Task 3 *Programme delivery and review* |  |  |  |  |  |
| 4 | Learner-log Section A *Health and screening assessments* |  |  |  |  |  |
| Assessor signature for sign off |  |
| IQA signature if sampled |  |
| EQA signature if sampled |  |

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| Unit title | Assessment Number | Evidence/ Assessment method | Assessment outcome (P/R/E) | Assessor signature/ date | Action plan/ evidence for exemption | Reassessment outcome (P/R/E) | Assessor signature/ date |
| Customised exercise programme instruction and communication techniques (J/616/4752) | 2 | Y-Mark/Worksheet *Section 4* |  |  |  |  |  |
| 3 | PTCS Task 3 *Programming delivery and review* |  |  |  |  |  |
| 4 | Learner-log Section B *Training methods and systems* |  |  |  |  |  |
| 4 | Learner-log Section C *Small group training* |  |  |  |  |  |
| 4 | PTCS Task 4 *Summative delivery and evaluation* |  |  |  |  |  |
| Assessor signature for sign off |  |
| IQA signature if sampled |  |
| EQA signature if sampled |  |

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| Unit title | Assessment Number | Evidence/ Assessment method | Assessment outcome (P/R/E) | Assessor signature/ date | Action plan/ evidence for exemption | Reassessment outcome (P/R/E) | Assessor signature/ date |
| Nutrition to support physical activity (L/616/4753) | 1 | MCT Section 2 |  |  |  |  |  |
| 2 | Y-Mark/Worksheet *Section 5*  |  |  |  |  |  |
| 3 | NCS Task 5 Nutritional *consultation* |  |  |  |  |  |
| Assessor signature for sign off |  |
| IQA signature if sampled |  |
| EQA signature if sampled |  |

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| Unit title | Assessment Number | Evidence/ Assessment method | Assessment outcome (P/R/E) | Assessor signature/ date | Action plan/ evidence for exemption | Reassessment outcome (P/R/E) | Assessor signature/ date |
| Business acumen for personal training (Y/616/4755 | 2 | Y-Mark/Worksheet *Section 6* |  |  |  |  |  |
| 3 | BCS Task 6 *Business case study* |  |  |  |  |  |
| Assessor signature for sign off |  |
| IQA signature if sampled |  |
| EQA signature if sampled |  |

**YMCA Awards Level 3 Diploma in Personal Training (Practitioner) (606/2438/7)**

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| Learner’s name  |  | Centre name |  |
| Assessor’s name |  | IQA’s name |  |

**Learner authenticity statement:**

I confirm that the evidence provided for this qualification is entirely my own work.

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| Learner’s signature  |  | Date |  |

**Assessor sign-off statement**

I confirm that I am satisfied that the learner named above has provided evidence that is valid, authentic, reliable, current and sufficient to demonstrate the required knowledge, understanding and/or skills for the units signed off here

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| Assessor’s signature  |  | Date |  |
| IQA’s signature |  | Date |  |