Special Populations
RPL/RCC Information Sheet

Related Units of Competency

- o SISFFIT002   Recognise and apply exercise considerations for specific populations
- o SISFFIT014   Instruct exercise to older clients
- o SISFFIT015   Collaborate with medical and allied health professionals in a fitness context

Please Note; *Gaining RPL for Special Populations, only covers the requirements specifically related to this cluster.*
*To gain RPL for the FULL units of competency listed above, you **may also** need to satisfy the industry placement requirements.*

Cluster Description:
This cluster covers the knowledge and skills to work within your scope of practice by identifying the fitness requirements of special population groups, gaining clearance from appropriate health professionals where required, provide and receive referrals, develop programs and conduct sessions in accordance to referrals guidelines/recommendations.

Instructions

Please read the following requirements and tick the applicable box. If you wish to apply for RPL/RCC for this cluster, you MUST complete and provide:
- this document
- the relevant evidence you have stated which **MUST** be included with your RPL application
- completed RPL forms for each unit where the applicant is wanting RPL reviewed

Please note:
An RPL/RCC application will not be reviewed without these completed documents. No exceptions will be made.

1. **Gaining RPL** *(Tick boxes relevant to your application)*

In order to gain RPL for this cluster you MUST provide the following evidence:

☐ Relevant transcript & certificate, or

☐ Resume of applicant outlining previous and/or current work within fitness/health environment, and,

☐ Letter from employer stating the applicant's current job role within fitness/health environment

And,

☐ Provide 5 x written referrals to Allied/General Practitioners including client documentation that prompted the need for referral/clearance (client identifiers to be blacked out)

☐ Provide 2 x examples of programs that have been developed using the recommendations from a referral received from an Allied/General Practitioner including;
  - Pre-exercise health screening questionnaire, health screen and fitness testing result
  - Received referrals with recommendations
  - Program and program modifications

2. Practical Evidence Required *(Tick boxes relevant to your application)*

To gain recognition for practical components of this cluster, after enrolment you acknowledge that you will be required to demonstrate that you can:

☐ Complete a full client consultation of a client who falls within a special population group that includes;

- Identify client fitness requirements and clients that fall out of your scope of practice
- Refer to medical or allied health professional where appropriate
- Receive referrals from medical or allied health professionals
- Develop a program plan for special population group taking into consideration needs and goals of the client and in line with recommendations from the referring practitioner
- Conduct and monitor exercise session specific to a special population client
- Evaluate program and make recommendations

3. Acknowledgement

Name: _____

Email Address: _____

☐ I understand that I MUST provide relevant and verifiable evidence to support my claim for RPL/RCC and my application will not be reviewed/approved without this requirement

☐ I understand I may be required to provide additional information to support my claim for RPL/RCC

☐ I understand that I may be required to demonstrate my knowledge and skills related to this cluster through the example RPL assessment outlined in this document