### 

### RPL Standard



### SISFFIT001 Provide health screening and fitness orientation

**How to complete this form**

Complete all areas in **blue** on the following pages by providing information on your previous skills and qualifications using the information below as a guide.

**Unit Description:**

### This unit describes the performance outcomes, skills and knowledge required to identify client fitness requirements, administer a pre-exercise health screening questionnaire and advise clients of appropriate fitness programs, services and facilities. This involves using industry endorsed risk stratification procedures when determining the provision of suitable advice regarding services and referral requirements.

### To gain RPL for this unit of competency the applicant must meet the following benchmarks along with providing evidence that their current level of knowledge and skills is

relevant to all performance criteria, knowledge and **performance evidence**.

**The applicant must provide evidence of the following to gain RPL for this unit:**

* Applicant must provide evidence of working as a fitness instructor who work in a variety of fitness locations such as fitness, leisure and community centers.
* The applicant must demonstrate knowledge of all Performance Criteria, Essential Knowledge and Skills

**Example Evidence:**

### Relevant transcript & certificate

### Evidence of use a wide range of anatomical terminology relevant to injury prevention and fitness outcomes.

### Evidence of working with the industry through letters from employers outlining job role and duties

### Completion of ACFB e-learning quiz/oral questioning related to work within a fitness practice; If required this will be completed at a later stage.

### Evidence must include, but not limited to:

* Submission of five (5) x industry endorsed pre-exercise screening tools completed including health screening measures
* Submission of two (2) x written referrals where clients where feedback/guidance/clearance was required including associated screening tools
* Submission of one (1) x written referral to a Personal Trainer or Exercise Physiologist where exercise prescription was required by a more highly qualified instructor
* Evidence of professional development activities assisting with updating and expanding own knowledge of anatomy and physiology

**Practical Demonstrations** *(completed after enrolment to determine currency of knowledge and skills)*

### Demonstration of the completion of a health consultation consisting of the use of pre-screening tool and health screening measures

### *Unit Evidence Description*



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| **Applicant Name** |  |  |  |



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| ***SIS30315*** | | Certificate III in Fitness | | | **SISFFIT001** | Provide health screening and fitness orientation | | **Office Use only** | |
| **Type of Unit: Core** | | | **Prerequisite:** None | | **Sufficient** | **F.E.R.** |
| **Elements / Performance Criteria** | | | | **EVIDENCE** *(Applicant; Explain in detail how your evidence relates to the required knowledge listed)* | | | |  |  |
| **1.** **Identify client fitness requirements** | | | | | | | | | |
| 1.1 | Question clients to confirm fitness goals, expectations and preferences. | | |  | | | |  |  |
| 1.2 | Confirm current and past physical activity participation. | | |  |  |
| 1.3 | Describe available programs, services and facilities relevant to client needs and expectations. | | |  |  |
| **2.** **Administer pre-exercise health screening questionnaire** | | | | | | | | | |
| 2.1 | Explain purpose of pre-exercise health screening questionnaire and risk stratification to client. | | |  | | | |  |  |
| 2.2 | Provide and administer an industry standard pre-exercise health screening questionnaire to client. | | |  |  |
| 2.3 | Discuss client preferences and outcomes of pre-exercise health screening. | | |  |  |
| 2.4 | Refer client to medical practitioner or other appropriate professionals for further appraisal as required. | | |  |  |
| **3. Advise benefits of fitness activities and exercise prescription** | | | | | | | | | |
| 3.1 | Explain benefits of fitness activities and fitness programs. | | |  | | |  | |  |
| 3.2 | Advise client regarding processes and suitability of relevant activities and programs, as required. | | |  | |  |
| 3.3 | Document and update records of fitness orientation, pre-exercise screening and advice provided to client. | | |  | |  |

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| **Knowledge Evidence** | **EVIDENCE** *(Applicant; Explain in detail how your evidence relates to the required knowledge listed)* | **Office Use Only** | |
|  | | **Sufficient** | **F.E.R.** |
| * Legislation and regulatory requirements: * appropriate collection and storage of client information * application of legal and ethical limitations of own role * work health and safety/occupational health and safety |  |  |  |
| Industry endorsed client pre-exercise health screening processed |  |  |  |
| Industry endorsed risk stratification procedures, exercise implications and referral requirements |  |  |  |
| Features and benefits of fitness facilities, exercise programs and services. |  |  |  |
| Essential information and protocols for completion of referrals:   * client details * rationale for referral * guidance being sought * a copy of the pre-exercise health |  |  |  |
| Role of medical or allied health professionals for referral processes |  |  |  |
| Role of relevant personnel for referral processes:   * personal trainer * advanced personal trainer |  |  |  |
| Considerations to be aware of in the following specific population client presentations:   * asthma * children and their developmental stages * continence issues * depression * high cholesterol * hypertension * knee injuries * lower back pain * menopause * metabolic disease or conditions, including diabetes mellitus * neck issues * obesity * older populations and conditions associated with ageing process * osteoarthritis * osteoporosis * overweight * pre and postnatal * rheumatoid arthritis |  |  |  |

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| **Performance Evidence** | **EVIDENCE** *(This evidence will be collected via documents outlined on first page)* | **Office Use Only** | |
|  | | **Sufficient** | **F.E.R.** |
| * Evidence of the ability to complete tasks outlined in elements and performance criteria of this unit in the context of the job role. * This must include a period(s) totaling at least three hours of fitness orientation and health screening work comprising at least five different client contact sessions and: * use a risk stratification process for each client contact session for clients with differing needs, goals and preferences | *This evidence will be collected via completion of a practical demonstration.* |  |  |
| Conduct calculations and measurements to adequately complete health screening procedures:   * waist circumference * waist to hip ratio * body mass index |  |  |
| explain available programs, services and facilities to match each client’s needs, goals and preferences |  |  |
| prepare referral letters with supporting pre-exercise health screening documentation for at least two clients to a relevant medical or appropriate allied health professional when guidance and feedback is required regarding exercise participation | *This evidence will be collected via submission of documentation requested on the first & second page.* |  |  |
| prepare referral letter for at least one client to a more highly qualified fitness professional, such as a personal trainer, when either the:  client requests personal training services  client’s needs, goals and preferences are suited to the scope of practice of a fitness professional more highly qualified than a fitness instructor |  |  |
| interact with all clients in a professional manner  use appropriate communication strategies and organisational channels to collect and handle sensitive information. | *This evidence will be collected via completion of a practical demonstration.* |  |  |

**Office Use Only**

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| **RPL Outcome** | | | | |
| **RPL Achieved** | Yes □ | No □ | |
| **Further Evidence Required** | Yes □ | No □ | |
| **Further Evidence *(list of required evidence)*** | | | | |
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| *RPL Assessor Name:* | | | *Date:* | |