### RPL Standard



### SISFFIT005 Provide Healthy Eating Information

**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 provide healthy eating information and support healthy attitudes to eating and body composition. This is undertaken in accordance with recommended guidelines within industry endorsed scope of practice

### 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:**

* Evidence of working in Gym/health environment providing individually tailored client pre-screening and health assessments including providing healthy eating information
* Evidence of collaboration with Accredited Practising Dietitian, Accredited Sports Dietitian, or General Practitioner
* Ability to explain to clients adverse effects of poor nutrition
* The applicant must demonstrate knowledge of all Performance Criteria, Essential Knowledge and Skills

**Example Evidence:**

### Relevant transcript & certificate

### 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 of client consultation

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

* Five (5) copies of written referrals of clients to an Accredited Practising Dietitian, Accredited Sports Dietitian and/or General Practitioner as required: clients who have specific dietary requirements or dietary concerns and clients who need support regarding positive attitudes to eating.

### *Unit Evidence Description*



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| **Applicant Name** |  |  |  |



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| ***SIS30315*** | | Certificate III in Fitness | | | **SISFFIT005** | Provide Healthy Eating Information | **Office Use only** | |
| **Prerequisite:** None | | | **Prerequisite:** None | | **Sufficient** | **F.E.R.** |
| **Elements / Performance Criteria** | | | | **EVIDENCE** *(Applicant; Explain in detail how your evidence relates to the required knowledge listed)* | | |  |  |
| **1. Provide healthy eating information** | | | | | | | | |
| 1.1 | Access and provide information regarding healthy eating, health and fitness to clients | | |  | | |  |  |
| 1.2 | Explain adverse effects of poor nutrition to clients | | |  |  |
| 1.3 | Show sensitivity to cultural and social differences influencing food choices | | |  |  |
| 1.4 | Identify and refer clients with specific dietary requirements or dietary concerns to an Accredited Practising Dietitian, Accredited Sports Dietitian or General Practitioner, as required | | |  |  |
| 1.5 | Maintain records of client consultations | | |  |  |
| **2. Support positive attitudes to eating and body composition** | | | | | | | | |
| 2.1 | Discuss with clients the relationship between body composition and physical and mental health | | |  | | |  |  |
| 2.2 | Incorporate an understanding of the relationship between attitudes to eating and physical and mental health in client interactions | | |  |  |
| 2.3 | Model healthy eating behaviours and attitudes in personal practice | | |  |  |
| 2.4 | Refer client to an Accredited Practising Dietitian, Accredited Sports Dietitian or General Practitioner, as required | | |  |  |

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| **Knowledge Evidence** | **EVIDENCE**  (please explain in detail how your evidence relates to each of the required knowledge listed) | **Office Use Only** | |
|  | | **Sufficient** | **F.E.R.** |
| Information to promote positive attitudes to eating and body composition:  • Relationship between fitness, health and appearance  • Relationship between healthy eating, physical and mental health  • Realistic expectations of nutrition and goal attainment  • Link between healthy eating and common client health conditions |  |  |  |
| Current healthy information resources:  • National Health and Medical Research Council (NHMRC) – Australian Dietary Guidelines |  |  |  |
| Relevant current healthy eating information as outlined in the Australian Dietary Guidelines:  • Food groups and nutrients  • Balanced diet |  |  |  |
| Own role and limitations in providing healthy eating information |  |  |  |
| Role of Accredited Practising Dietitian, Accredited Sports Dietitian and General Practitioner for referring clients |  |  |  |
| Referral requirements for:  • Dietary trends  • Fad or popular diets  • Nutritional supplementation  • Sports foods  • Ergogenic aids |  |  |
| Concept of metabolism and the factors affecting metabolism |  |  |  |

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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.** |
| Access and provide each client with:   * current healthy eating information from identified current healthy eating information resources * information on healthy eating related to the maintenance of health and prevention of chronic disease | *This evidence will be collected via oral questioning* |  |  |
| Answer client queries and concerns regarding interpretation of healthy eating information | *This evidence will be collected via oral questioning* |  |  |
| Collaborate with clients to implement healthy eating habits | *This evidence will be collected via oral questioning* |  |  |
| Identify and prepare referrals for at least five clients to an Accredited Practising Dietitian, Accredited Sports Dietitian and/or General Practitioner as required:   * clients who have specific dietary requirements or dietary concerns * clients who need support regarding positive attitudes to eating. | *This evidence will be collected via submission of documentation requested on the first & second page.* |  |  |

**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:* | |