

YMCA Awards Level 2 Certificate in the Foundations of Strength & Conditioning (Trainer)

(603/3413/7)

Learner Achievement Record

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

[www.trainermaker.com](http://www.trainermaker.com)

**COURSE UNITS & HOW EACH IS ASSESSED**

**1. Anatomy & physiology for exercise and fitness instructors**

Assessment 1 – Multiple choice theory exam (30 questions, 45 minutes, 70% required to pass)

Assessment 2 – Digital Y-Mark assessment workbook Section A (all questions to be answered correctly)

**2. Providing a positive customer experience in the exercise environment**

Assessment 2 – Digital Y-Mark assessment workbook Section B (Parts 1&2) (all questions to be answered correctly)

 Assessment 6 – Delivery of planned 1:1 and group sessions:

* On-course assessment of Foundation Movement Skills (5 mins)
* On course assessment of Energy Systems Training (including consultation)
* On-course assessment of Strength-based Training (small group coaching)

Assessment 7 – Delivery of a 1:1 strength-based training session

**3. Lifestyle and health awareness management**

Assessment 2 – Digital Y-Mark assessment workbook Section C (all questions to be answered correctly)

**4. Plan and Prepare Strength & Conditioning Training**

 Assessment 3 – Knowledge questions (within this LAR) 100% required to pass

Assessment 4 – Participant consultation record including, consultation forms, PARQ and Informed Consent (adult & youth)

Assessment 5 – Written plans to include:

* 20 minute foundation movement skills session plan
* 2 x energy systems training session plan (shuttle run and equipment-based)
* Strength-based training session plan (45-60 mins)

Assessment 6 – Delivery of planned 1:1 and group sessions:

* On-course assessment of Foundation Movement Skills (5 mins)
* On course assessment of Energy Systems Training (including consultation)
* On-course assessment of Strength-based Training (small group coaching)

Assessment 7 – Delivery of a 1:1 strength-based training session

**5. Delivering Strength and Conditioning Training**

Assessment 6 – Delivery of planned 1:1 and group sessions:

* On-course assessment of Foundation Movement Skills (5 mins)
* On course assessment of Energy Systems Training (including consultation)
* On-course assessment of Strength-based Training (small group coaching)

Assessment 7 – Delivery of a 1:1 strength-based training session

As well as the multiple choice theory exam (assessment 1) and digital Y-Mark assessment workbook (assessment 2), this Learner Achievement Record (LAR) will guide you through a number of ‘TASKS’, which cover Assessments 3, 4, 5, 6 and 7. You will work through the TASKS in numerical order so that you complete each assessment in a progressive and logical fashion.

Assessment 1, the multiple choice theory exam, and Assessment 2, the digital Y-Mark assessment workbook can be completed at any time during your course.

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

**Assessment Plan**

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| --- | --- | --- | --- | --- |
| Unit title | Assessment number | Evidence / Assessment method | Date, time and place of assessment | Reasonable adjustments |
| Anatomy and Physiology for Exercise and Fitness Instructors (K/616/7823) | 1 | Multiple choice theory paper (externally set) |  |  |
| 2 | Y-Mark Assessment workbook (Section A) |  |  |
| Providing a Positive Customer Experience in the Exercise Environment (M/616/7824) | 2 | Y-Mark Assessment workbook (Section B) |  |  |
| 6 | On-course observation of consultation and practical delivery of strength and conditioning protocols |  |  |
| 7 | Observation of summative strength-based training session |  |  |
| Lifestyle and Health Awareness Management (K/616/7949) | 2 | Y-Mark Assessment workbook (Section C) |  |  |
| Plan and Prepare Strength and Conditioning Training (L/617/1461) | 3 | Knowledge questions |  |  |
| 4 | Adult and youth consultation records |  |  |
| 5 | Programming for client |  |  |
| 6 | On-course observation of consultation and practical delivery of strength and conditioning protocols |  |  |
| 7 | Observation of summative strength-based training delivery |  |  |
| Delivering Strength and Conditioning Training (R/617/1462) | 6 | On-course observation of consultation and practical delivery strength and conditioning protocols |  |  |
| 7 | Observation of summative strength-based training delivery |  |  |

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

**Task 1**

Relating to Assessment 4

**Adult Client Consultation Record (You will be observed completing this consultation using a peer from your course)**

|  |  |  |
| --- | --- | --- |
| Client name | Age | Gender |
|  |  |  |

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

|  |  |
| --- | --- |
| Description of present exercise and physical activity levels (FITT) | Description of past exercise and physical activity levels (FITT) |
|  |  |

|  |
| --- |
| Other relevant information |
|  |

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

**Physical Activity Readiness Questionnaire (PARQ)**

There are a number of accepted screening tools available, however for the purposes of this Learner Achievement Record we have included a copy of the recognised Physical Readiness Questionnaire (PAR-Q) based on one created by the Canadian Society of Physiology, the British Columbia Ministry of Health and the Multidisciplinary Board of Exercise. Note that other examples can be downloaded and used – we encourage use of your own.

The PAR-Q as provided below is a self-screening tool that can be used by anyone who is planning to start an exercise programme. Fitness trainers or coaches determine the safety or possible risks of exercising for an individual based upon their answers to the PAR-Q’s specific health history questions often use it. However, it should be noted that for older adults (those over the age of 69), the PAR-Q+ or its equivalent should be used as it contains further screening content.

Further tools such as risk assessments (ACSM/Irwin and Morgan) and ‘health commitments’ are often now utilised by health and fitness facilities as part of the screening process (see appendix).

|  |  |
| --- | --- |
| 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 assessment results (Complete any that are appropriate to your client - minimum 2 required) |
| Resting heart rate (RHR) |  |
| Blood pressure |  |
| Height and weight |  |
| BMI |  |
| Waist circumference |  |
| Waist to hip ratio |  |
| Energy systems assessment protocol and results (specify) |  |
| Foundation movement skills and range of movement (specify) |  |
| Muscular fitness: Lower body, upper body push pull, trunk strength (specify) |  |

|  |
| --- |
| 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) |
|  |

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

|  |
| --- |
| SMART goals (indicate whether another party other than the instructor should be involved in goal setting and why) |
|  |
| Objectives | SMART goals |
| Improving foundation movement skills (specify three movement patterns) |  |
| Improving lifting technique:Lower body dominantPull – upper bodyPush – upper bodyTrunk strength |  |
| Increasing muscular endurance |  |
| Changing body composition |  |
| Increasing strengthLower body dominantPull – upper bodyPush – upper bodyTrunk strength |  |
| Improving energy systems fitness |  |
| Improving acceleration and change of direction ability |  |

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

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

**Youth Client Consultation Record**

|  |  |  |
| --- | --- | --- |
| Client name | Age (yrs and months) | Gender |
|  |  |  |
|  | DOB |  |
|  |  |  |

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

|  |  |
| --- | --- |
| Description of present exercise and physical activity levels (FITT) | Description of past exercise and physical activity levels (FITT) |
|  |  |

|  |
| --- |
| Other relevant information |
|  |

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

**Physical Activity Readiness Questionnaire (PARQ)**

There are a number of accepted screening tools available, however for the purposes of this Learner Achievement Record we have included a copy of the recognised Physical Readiness Questionnaire (PAR-Q) based on one created by the Canadian Society of Physiology, the British Columbia Ministry of Health and the Multidisciplinary Board of Exercise. Note that other examples can be downloaded and used – we encourage use of your own.

The PAR-Q as provided below is a self-screening tool that can be used by anyone who is planning to start an exercise programme. Fitness trainers or coaches determine the safety or possible risks of exercising for an individual based upon their answers to the PAR-Q’s specific health history questions often use it. However, it should be noted that for older adults (those over the age of 69), the PAR-Q+ or its equivalent should be used as it contains further screening content.

Further tools such as risk assessments (ACSM/Irwin and Morgan) and ‘health commitments’ are often now utilised by health and fitness facilities as part of the screening process (see appendix).

|  |  |
| --- | --- |
| Name |  |
| Name of parent/guardian |  |
| Emergency contact |  |
| Emergency contact mobile phone number |  |
| Email address of parent/guardian |  |
| Address of parent/guardian |  |
| Age of child |  | DOB |  |
| Gender |  |

The purpose of this form is to ensure that we provide every young athlete with the highest level of care. There are a small number of young people who may be at some level of risk when exercising. We ask that you read and complete the questionnaire carefully and return to the appropriate member of our coaching team.

Please be aware that in performance training, as in competitive sport, there are periods of maximal effort.

The information on this form is confidential and will be stored as such.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Does your child have: |
| A heart condition (Please specify in the box below) |  |  |
| Cycstic fibrosis |  |  |
| Diabetes (please specify type 1 or 2 in the box below) |  |  |
| High cholesterol |  |  |
| High blood pressure |  |  |
| Asthma (if yes, please let us know if they have an inhaler to use and with them at all times) |  |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Does your child experience or have they ever experienced: |
| Epilepsy or seizures/convulsions (If yes, please specify whether at rest or during exercise in the box below) |  |  |
| Dizzy spells |  |  |
| Heat stroke/heat related illness |  |  |
| Increased bleeding tendancy/haemophilia |  |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Does your child have: |
| Osgood-Schlatter’s disease (OSD) |  |  |
| Sever’s disease |  |  |
| A recent muscular or tendon strain or ligament strain (please specify in the box below) |  |  |
| A recent fracture (please specify in the box below) |  |  |
| Any other musculo-skeletal condition that may affect movement (please specify in the box below) |  |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Are you aware of any other physical conditions affecting your child, which have not been covered in this questionnaire? (please specify in the box below) |  |  |
| Does your child have any special educational needs? (please specify in the box below) |  |  |

|  |
| --- |
| Additional details |
|  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| I give consent for the coaching of my child to include movement screening by video and photo analysis |  |  |

Declaration

I have read and understood the PARQ and the terms and conditions. I herewith give my consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to take part in strength and conditioning training.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of child |  | Parent/guardian signature |  |
| Relationship |  | Date |  |
| 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 assessment results (Complete any that are appropriate to your client - minimum 2 required) |
| Height |  |
| Seated height |  |
| Age of predicted Peak Height Velocity (PHV) (please specify what formula you have used to calculate PHV) |  |
| Energy systems assessment (specify) |  |
| Foundation movement skills and range of movement (specify) |  |
| Muscular fitness:Lower body, uppr body push and pull, trunk (specify) |  |

|  |
| --- |
| Youth strength training: Describe below how you would use the youth physical development model to select appropriate exercises, providing relevant examples below |
|  |

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

|  |
| --- |
| SMART goals (indicate whether another party other than the instructor should be involved in goal setting and why) |
|  |

|  |
| --- |
| 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 |
|  |

**Observation Record and Feedback**

(to be completed by ASSESSOR)

|  |  |
| --- | --- |
| Learner name |  |
| Assessor name | P BAILEY |
| IQA name |  |
| Date |  |
| Unit | Plan and Prepare Strength and Conditioning Training (L/617/1461) |
| Assessment element | 4 |

|  |  |
| --- | --- |
| The learner: | PASS/REFER |
| C1. Utilised methods to collect client information, applicable to the individual client’s lifestyle and goals |  |
| C2. Identified client’s needs and any possible risks from participation in a strength-based programme, signposting to relevant professionals as required |  |
| C3. Maintained client confidentiality (informing them of confidentiality of information given and how information will be stored) |  |
| C4. Identified any barriers to participation in exercise and identified methods of supporting clients to overcome them |  |
| C5. Identified basic relevant health and fitness assessments and followed protocols when screening clients using assessments (as appropriate) and relayed information sensitively |  |
| C6. Agreed objectives using SMART goal setting |  |
| C7. Informed the client of the next review date highlighting the importance of reviewing programmes at regular intervals |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Consultation (formative) | Pass |  | Refer  |  |
| Assessor feedback |  |

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

**Task 2**

Relating to Assessment 5

**Gym Programme Overview** (relating to your TASK ONE client)

|  |
| --- |
| Session and venue details |
| Venue |  | Location of first aid kit |  |
| Duty first aider |  | Location of telephone |  |
| Discipline |  | Duration of session |  |

|  |
| --- |
| Client information |
| Informed consent completed? |  |
| PARQ completed? |  |
| Height |  |
| Weight |  |
| BMI |  |
| Session objectives |  |
| Specific considerations relating to client (injuries etc) |  |

|  |
| --- |
| Environment checks to be made (List what checks you would make) |
| Gym/studio |  | Fire exits |  |
| Temperature/ ventilation |  | Obstacles/hazards |  |

|  |
| --- |
| Organisation of equipment and resources (List all of the equipment that you have included in your programme card) |
| Equipment requirements | List of health and safety checks made |
|  |  |

|  |
| --- |
| Client statement  |
| I (the client) agree with the statement objectives outlines above |
| Signature |  |

**Energy Systems Assessment Programme Card** (You will be observed completing this programme card using a peer from your course)

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

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

|  |  |  |
| --- | --- | --- |
| Activation, Mobilisation, Potentiation (Include examples of; squat, lunge, hinge, rotation, jump, running dev, quadrupedal, push) | Component time |  |
| Muscle group/movement/stretch/ex | Reps | Time held/speed |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| CV Assessment 1 (Submaximal) | Component time |  |
| Approach/description of session |
|  |

|  |  |  |
| --- | --- | --- |
| CV Assessment 2 (Maximal) | Component time |  |
| Approach/description of session |
|  |

|  |  |  |
| --- | --- | --- |
| 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 |
|  |

**Energy Systems Training Plan (Shuttle)** (You will be observed delivering this session to a peer from your course)

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

|  |  |  |
| --- | --- | --- |
| CV Warm-up  | Component time |  |
| Equipment | Duration / timings | Session description | RPE/HR | Objective |
|  |  |  |  |  |
| Coaching cues |  | Equipment induction |  |

|  |  |  |
| --- | --- | --- |
| Activation, Mobilisation, Potentiation | Component time |  |
| Muscle group/movement/stretch | Reps | Time held/speed |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Shuttle run session  | Component time |  |
| Equipment | Duration / timings | Session description | RPE/HR | Objective |
|  |  |  |  |  |
| Coaching cues |  | Equipment induction |  |

|  |  |  |
| --- | --- | --- |
| 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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**Energy Systems Training Plan 2 (Machine)** (You will be observed delivering this session to a peer from your course)

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

|  |  |  |
| --- | --- | --- |
| CV warm up  | Component time |  |
| Equipment | Duration / timings | Session description | RPE/HR | Objective |
|  |  |  |  |  |
| Coaching cues |  | Equipment induction |  |

|  |  |  |
| --- | --- | --- |
| Activation, Mobilisation, Potentiation | Component time |  |
| Muscle group/movement/stretch | Reps | Time held/speed |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| CV training (equipment based session. Choose from: rowing machine, air bike, treadmill, upright bike, cross trainer/elliptical trainer/stepper) | Component time |  |
| Equipment | Duration / timings | Session description | RPE/HR | Objective |
|  |  |  |  |  |
| Coaching cues |  | Equipment induction |  |

|  |  |  |
| --- | --- | --- |
| 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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**Strength-based Programme Card 1** (You will be observed delivering elements of this session to a group of 3-5 peers from your course)

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

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

|  |  |  |
| --- | --- | --- |
| Activation, Mobilisation, Potentiation (Include examples of; squat, lunge, hinge, rotation, jump, running dev, quadrupedal, pull, push) | Component time | 6-8 mins |
| Muscle group/movement/stretch/ex | Reps | Time held/speed |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Resistance training movements (You must include: 1 jump, 1 throw, *1 bilateral lower body dominant*, *1 unilateral lower body dominant*, *2* *pull*, 1 vertical press, 1 *push, 1 core exercise*) NB, italicized will be assessed practically. | Component time |  |
| Exercise (inc. variation) | Resistance | Reps | Sets | Rest | Adaptation or alternative |
|  |  |  |  |  |  |
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| --- | --- | --- |
| Cool-down | Component time |  |
| Movement/activity | Duration / timings | Level/speed/sets/reps/rest | 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 |
|  |

**Strength-based Programme Card 2** (You will be observed delivering elements of this session to a peer from your course. This programme card may only be completed IMMEDIATELY prior to your observation – you will be allocated 5-10 mins for this)

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

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

|  |  |  |
| --- | --- | --- |
| Activation, Mobilisation, Potentiation (Include examples of; squat, lunge, hinge, rotation, jump, running dev, quadrupedal, pull, push) | Component time | 6-8 mins |
| Muscle group/movement/stretch/ex | Reps | Time held/speed |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Resistance training movements (You must include: 1 jump, 1 throw, 1 bilateral lower body dominant, 1 unilateral lower body dominant, 1 pull, 1 vertical press, 1 push, 1 core exercise) NB, you will be assessed on all exercises. Exercises must be different to previous programme card. | Component time |  |
| Exercise (inc. variation) | Resistance | Reps | Sets | Rest | Adaptation or alternative |
|  |  |  |  |  |  |
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| --- | --- | --- |
| Cool-down | Component time |  |
| Movement/activity | Duration / timings | Level/speed/sets/reps/rest | 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 |
|  |

**Foundation Movement Skills Programme Card** (You will be practically assessed on this programme card using 3-5 peers from your course)

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

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

|  |  |  |
| --- | --- | --- |
| Activation, Mobilisation, Potentiation (Include examples of; squat, lunge, hinge, rotation, jump, running dev, quadrupedal, push) | Component time | 6-8 mins |
| Muscle group/movement/stretch/ex | Reps | Time held/speed |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Resistance training movements (Include examples of; squat, lunge, hinge, rotation, jump, running development, quadrupedal, push) | Component time |  |
| Exercise (inc. variation) | Resistance | Reps | Sets | Rest | Objective |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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| --- | --- | --- |
| 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 |
|  |

**Programming for Client from Case Studies Assessment Record and Feedback**

(to be completed by ASSESSOR)

|  |  |
| --- | --- |
| Learner name |  |
| Assessor name |  |
| IQA name |  |
| Date |  |
| Unit | Plan and Prepare Strength and Conditioning Training (L/617/1461) |
| Assessment element | 5 |

|  |  |
| --- | --- |
| The learner: | PASS/REFER |
| PR1. Interpreted client information from consultation to select appropriate strength and conditioning based exercises to develop components of fitness, to include:* Foundation movement skills
* Energy systems fitness
* Strength and/or muscular endurance
 |  |
| PR2. Suggested some appropriate activities to compliment the client’s programme according to their interests and goals |  |
| PR3. Planned realistic timings for each component within the programme |  |
| PR4. Planned safe and effective warm-ups and cool-downs including appropriate mobility/flexibility |  |
| PR5. Identified methods of training suitable for the individual client for each component, to include:* Plan a foundation movement skills session
* Plan for the use of a minimum of two different energy systems training
* Plan for a strength based session including a RAMP warm up, two explosive exercises, seven strength based exercises including one trunk strength exercise
 |  |
| PR6. Recorded programme plans in an appropriate format |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Programme cards (x6) | Pass |  | Refer  |  |
| Assessor feedback |  |

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

**Task 3**

Relating to Assessment 3

**Knowledge Questions**

1. Complete the table below, identifying two governing/professional bodies and two ethical codes of practice for strength and conditioning and professional sports

|  |  |
| --- | --- |
| Governing/professional bodies | Codes of ethical practice |
| Strength and Conditioning |
|  |  |
|  |  |
| Professional Sports |
|  |  |
|  |  |

2. Describe two ways in which a strength and conditioning trainer can keep knowledge and skills up to date

|  |
| --- |
|  |
|  |

3. Identify two opportunities for career progression in strength and conditioning and the requirements for each

|  |
| --- |
|  |
|  |

4. Describe a minimum of two benefits of participation in a strength and conditioning programme for the following

|  |  |  |
| --- | --- | --- |
|  | Benefit 1 | Benefit 2 |
| Youth Sport |  |  |
| Adult recreational activities |  |  |
| Performance Sport |  |  |
| Older adults’ lifestyle activities |  |  |

5. Describe two ways of promoting the benefits of participating in strength and conditioning training

|  |
| --- |
|  |
|  |

6. Give two reasons why it is important to agree goals and objectives with individuals participating in strength and conditioning

|  |
| --- |
|  |
|  |

7. Describe the benefit of the foundation movement skills as applied to

|  |  |
| --- | --- |
|  | Benefit |
| Energy Systems Training |  |
| Acceleration, Deceleration and Change of direction |  |
| Resistance Training |  |

8. Outline the principles of behaviour management for effective group coaching for:

|  |  |
| --- | --- |
| Adults |  |
| Children (5-11yrs) |  |
| Children (11-18yrs) |  |

9. Outline two ways in which communication methods can be adapted in order to meet customer needs

|  |
| --- |
|  |
|  |

10. Explain why communication may need to be adapted due to a customer’s culture, background and/or experience

|  |
| --- |
|  |

11. How might the following types of communication affect participant behaviour?

|  |  |
| --- | --- |
| Verbal  |  |
| Non verbal |  |

12. Outline three protocols to be followed prior to and/or during the screening of participants

|  |
| --- |
|  |
|  |
|  |

13a. List two examples of risk stratification (risk assessment/rating models)

13b. Identify four variables that can be used when risk stratifying participants

|  |
| --- |
| Risk stratification |
|  |  |
| Variables |
|  |  |
|  |  |

14. With regard to risk stratification, explain what is meant by:

|  |  |
| --- | --- |
| Low risk |  |
| Medium risk |  |
| High risk |  |

15. Give two examples of how you might support participants in overcoming bariers to participation in strength and conditioning training

|  |
| --- |
|  |
|  |

16. Describe why it is important to store client information safely

|  |
| --- |
|  |

17. Give two examples of how client information affects the planning of strength and conditioning training sessions

|  |
| --- |
|  |
|  |

18. Give two reasons for temporary deferral of a participant for taking part in a strength and conditioning session

|  |
| --- |
|  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Knowledge Questions | Pass |  | Refer  |  |
| Assessor feedback |  |

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

**Task 4**

Relating to Assessment 4 & 5

**On-course Group Foundation Movement Skills Formative Assessment - 3-5 participants**

(to be completed by OBSERVER/ASSESSOR)

|  |  |
| --- | --- |
| Learner name |  |
| Observer’s name |  |
| IQA name |  |
| Date |  |
| Unit | Providing a Positive Customer Experience in the Exercise Environment (M/616/7824), Plan and Prepare for Strength and Conditioning Training (L617/1461), Delivering Strength and Conditioning Training (R617/1462) |
| Assessment element | 6 |

|  |  |  |
| --- | --- | --- |
| Performance criteria | P/R/C | Notes |
| FM1. Evidence of a written plan  |  |  |
| FM2. Identifies environmental/facility considerations |  |  |
| FM3. Conducts a verbal screening prior to commencing the session |  |  |
| FM4. Introduces the components to be coached  |  |  |
| FM5. Provides clear demonstrations for each movement |  |  |
| FM6. Observes participants and gives feedback |  |  |
| FM7. Provides regressions/progressions where appropriate |  |  |
| FM8. Coaches and example of each of the foundation movements |  |  |
| FM9. Coaches for a minimum of 5 and maximum of six minutes |  |  |
| FM10. Works effectively with other trainers to ensure continuity of the session |  |  |
| Observer feedback and foundation movement skills action plan |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| On-course Foundation Movement Skills group session | Pass |  | Refer  |  |
| Assessor feedback |  |

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

**On-course Energy Systems Training Formative Assessment 1 – 1:1 Shuttle Run**

(to be completed by ASSESSOR)

|  |  |
| --- | --- |
| Learner name |  |
| Observer’s name |  |
| IQA name |  |
| Date |  |
| Unit | Providing a Positive Customer Experience in the Exercise Environment (M/616/7824), Plan and Prepare for Strength and Conditioning Training (L617/1461), Delivering Strength and Conditioning Training (R617/1462) |
| Assessment element | 6 |

|  |  |  |
| --- | --- | --- |
| Performance criteria | P/R/C | Notes |
| ES1. Prepared the environment, equipment and resources  |  |  |
| Es2. Clearly explained the test and training session protocols |  |  |
| Es3. Provided a thorough equipment induction and demonstration of technique |  |  |
| ES4. Monitored the safety and intensity of activity throughout  |  |  |
| Es5. Provided appropriate motivation and encouragement |  |  |
| ES6. Accurately recorded all relevant data |  |  |
| ES7. Used the test result to design the session |  |  |
| ES8. Selected intensities to match the session objectives |  |  |
| ES9. Used appropriate communication methods to engage and fully support the participant in meeting their needs |  |  |
| Observer feedback and energy systems training action plan |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| On-course Energy systems Training 1:1 session | Pass |  | Refer  |  |
| Assessor feedback |  |

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

**On-course Energy Systems Training Formative Assessment 2 – 1:1 Machine based**

(to be completed by ASSESSOR)

|  |  |
| --- | --- |
| Learner name |  |
| Observer’s name |  |
| IQA name |  |
| Date |  |
| Unit | Providing a Positive Customer Experience in the Exercise Environment (M/616/7824), Plan and Prepare for Strength and Conditioning Training (L617/1461), Delivering Strength and Conditioning Training (R617/1462) |
| Assessment element | 6 |

|  |  |  |
| --- | --- | --- |
| Performance criteria | P/R/C | Notes |
| ES1. Prepared the environment, equipment and resources  |  |  |
| Es2. Clearly explained the test and training session protocols |  |  |
| Es3. Provided a thorough equipment induction and demonstration of technique |  |  |
| ES4. Monitored the safety and intensity of activity throughout  |  |  |
| Es5. Provided appropriate motivation and encouragement |  |  |
| ES6. Accurately recorded all relevant data |  |  |
| ES7. Used the test result to design the session |  |  |
| ES8. Selected intensities to match the session objectives |  |  |
| ES9. Used appropriate communication methods to engage and fully support the participant in meeting their needs |  |  |
| Observer feedback and energy systems training action plan |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| On-course Energy Systems Training 1:1 session | Pass |  | Refer  |  |
| Assessor feedback |  |

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

**On-course strength-based training formative assessment – 3-5 participants**

|  |  |
| --- | --- |
| Learner name |  |
| Assessor name |  |
| IQA name |  |
| Date |  |
| Unit | Providing a Positive Customer Experience in the Exercise Environment (M/616/7824), Plan and Prepare for Strength and Conditioning Training (L617/1461), Delivering Strength and Conditioning Training (R617/1462) |
| Assessment element | 6 |

|  |  |  |
| --- | --- | --- |
| Performance criteria | P/R/C | Comments |
| Bilateral lower body | Pull | Push/vertical press | Trunk |
| SG 1. Evidence of a written plan  |  |  |  |  |  |
| SG2. Prepared the environment, equipment and resources |  |  |  |  |  |
| SG3. Clearly explained the session and completes a verbal screening |  |  |  |  |  |
| SG4. Provided a thorough equipment induction  |  |  |  |  |  |
| SG5. Provides a clear demonstration of and explanation for each exercise |  |  |  |  |  |
| SG6. Monitored the safety and intensity of activity throughout |  |  |  |  |  |
| SG7. Observes participants and gives feedback |  |  |  |  |  |
| SG8. Provides appropriate regressions/progressions where appropriate |  |  |  |  |  |
| SG9. Provides a clear benchmark of ability for each participant |  |  |  |  |  |
| Observer feedback and strength-based action plan |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| On-course 1 participant | Pass |  | Refer  |  |
| Assessor feedback |  |

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

**On-course strength-based training summative assessment – 3-5 participants (UKSCA COACH)**

|  |  |
| --- | --- |
| Learner name |  |
| Participant name |  |
| Assessor name |  |
| IQA name |  |
| Date |  |
| Unit | Delivering Strength and Conditioning Training (R617/1462) |
| Assessment element | 7 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Exercise | R | A | M | P | JUMP | THROW | ST1 | ST2 | ST3 | ST4 | ST5 | ST6 | TRUNK | CD |
| Performance criteria |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SO1. Prepared environment and self  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SO2. Introduced participant to the gym environment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SO3. Explains session component and provides an accurate demonstration |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SO4. Communicates effectively and provides appropriate encouragement throughout  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SO5. Position themselves to observe effectively and use concise coaching cues |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SO6. Monitored safety and intensity of the exercises |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SO7. Ensures the participant moves on with an understanding of action(s) required for improvement for each component |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SO8. Leaves the equipment and environment in an acceptable condition |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Participant signature |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Summative 1 participant | Pass |  | Refer  |  |
| Assessor feedback |  |

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

**On-course strength-based training summative assessment – 3-5 participants (ASSESSOR)**

|  |  |
| --- | --- |
| Learner name |  |
| Participant name |  |
| Assessor name |  |
| IQA name |  |
| Date |  |
| Unit | Delivering Strength and Conditioning Training (R617/1462) |
| Assessment element | 7 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Exercise | R | A | M | P | JUMP | THROW | ST1 | ST2 | ST3 | ST4 | ST5 | ST6 | TRUNK | CD |
| Performance criteria |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SO1. Prepared environment and self  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SO2. Introduced participant to the gym environment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SO3. Explains session component and provides an accurate demonstration |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SO4. Communicates effectively and provides appropriate encouragement throughout  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SO5. Position themselves to observe effectively and use concise coaching cues |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SO6. Monitored safety and intensity of the exercises |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SO7. Ensures the participant moves on with an understanding of action(s) required for improvement for each component |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SO8. Leaves the equipment and environment in an acceptable condition |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Participant signature |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Summative 1 participant | Pass |  | Refer  |  |
| Assessor feedback |  |

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

**Session Evaluation**

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

|  |
| --- |
| After my session, I received the following feedback from the client/s: |
|  |

|  |
| --- |
| My exercises met the needs of the client in the following ways: |
| Delivery style | Individual needs |
| End of course |  |

|  |
| --- |
| My relationship with the client/s, including communication style and motivation, was effective in the following ways: |
|  |

|  |
| --- |
| How safe and effective were the exercises given and the programme as a whole in relation to client/s need? |
|  |

|  |
| --- |
| I will improve my personal practice in the following ways: |
|  |

|  |
| --- |
| How do you think reflecting on sessions can assist you in your role as a strength and conditioning trainer? |
|  |

**Observation record and feedback feedback (assessor) – as confirmed by UKSCA Coach**

|  |
| --- |
| Assessor feedback as to how the learner met the outcomes, with references |
|  |

**Observation record and feedback (UKSCACoach)**

|  |
| --- |
| Assessor feedback as to how the learner met the outcomes, with references |
|  |

**Summary of Achievement**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
| Anatomy and Physiology for Exercise and Fitness Instructors (K/616/7823) | 1 | MCT |  |  |  |  |  |
| 2 | Assessment workbook Section A |  |  |  |  |  |
| Assessor signature for sign off |  |
| IQA signature if sampled |  |
| EQA signature if sampled |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
| Providing a positive customer experience in the exercise environment (M/616/7824) | 2 | Assessment workbook (Section B part 1 & 2) |  |  |  |  |  |
| 6 | Observation of consultation and practical delivery of S&C protocols |  |  |  |  |  |
| Assessor signature for sign off |  |
| IQA signature if sampled |  |
| EQA signature if sampled |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
| Lifestyle and health awareness management (K616/7949) | 2 | Assessment workbook Section C |  |  |  |  |  |
| Assessor signature for sign off |  |
| IQA signature if sampled |  |
| EQA signature if sampled |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
| Plan and Prepare Strength and Conditioning Training (L/617/1461) | 3 | Knowledge questions |  |  |  |  |  |
| 4 | Participant consultation record |  |  |  |  |  |
| 5 | Programming for participant |  |  |  |  |  |
| 6 | Observation of consultation and practical delivery of S&C protocols |  |  |  |  |  |
| 7 | Observation of summative strength-based training delivery |  |  |  |  |  |
| Assessor signature for sign off |  |
| IQA signature if sampled |  |
| EQA signature if sampled |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
| Delivering Strength and Conditioning Training (R/617/1462)) | 6 | Observation of consultation and practical delivery of S&C protocols |  |  |  |  |  |
| 7 | Observation of summative strength-based training delivery |  |  |  |  |  |
| Assessor signature for sign off |  |
| IQA signature if sampled |  |
| EQA signature if sampled |  |

**YMCA Awards Level 2 Certificate in the Foundations of Strength and Conditioning (Training) (603/3413/7)**

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

**Learner authenticity statement:**

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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

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

**Appendix 1**

**Risk stratification guidance and scoring**

Risk classification is an important health assessment tool with which all fitness professionals should be familiar. It is a systematic screening developed by the ACSM that addresses signs and symptoms of heart disease, risk factors for heart disease and family history. Risk classification is determined based on the presence or absence of a known cardiovascular, pulmonary, renal or metabolic disease or the presence or absence of symptoms of these diseases. Diseases are known if the client has already been diagnosed by a doctor. Signs or symptoms may or may not be diagnosed but will aid an instructor’s ability to classify the client’s risk appropriately.

|  |  |  |
| --- | --- | --- |
| Risk factors | Criteria | Rating |
| Age | Men 45 years. Women 55 years | +1 |
| Family history | Myocardial infarction, coronary revascularization, or sudden death before 55 years of age in father or other 1st degree male relative or before 65 years of age in mother or other 1st degree female relative | +1 |
| Cigarette smoking | Current cigarette smoker or those who quit within the previous 6 months, or exposure to environmental tobacco smoke (Ie, second hand smoke) | +1 |
| Sedentary lifestyle | Not participating in at least 30 minutes of moderate intensity physical activity on at least 3 days per week for at least 3 months | +1 |
| Obesity | Body mass index ≥ 30 or waist circumference >102cm men, >88cm women | +1 |
| Cholesterol | LDL ≥130mg/dL (3.37mmol/L) or HDL <40mg/dL (1.04mmol/L or currently on lipid lowering medication. If total serum cholesterol is all that is available, use serum cholesterol >200mg/dL (5.18mmol/L) | +1 |
| Diabetes | Fasting plasma glucose ≥100mg/dL (5.5mmol/L) but <126mg/dL (6.93mmol/L) or impaired glucose tolerance (IGT) where a 2 hour oral glucose tolerance test (OGTT) value is ≥140mg/dL (7.7mmol/L), but <200mg/dL (11.0mmol/L) | +1 |
| High HDL Cholesterol | ≥60mg/dL (1.55mmol/L) | -1 |

Following completion of this risk stratification, a risk-rating figure will have been established. The ratings will provide guidance for the next steps and how appropriate it is for a client to undertake physical activity.

Low risk – Less than 2

Moderate risk – More than 2

High risk – More than 2 and known heart problems including hypertension

**Appendix 2**

**List of foundation movements, strength-based exercises and explosive exercises to be used**

|  |
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| **Foundation movements** |
| Squat patterns | Squat – hands on head |
| Counter balance squat |
| Gorilla squat |
| Hinge | Hinge – hands on knees |
| Hinge – A, T, W & Y position |
| Lunge | ½ kneeling split squat |
| Alternate linear lunge |
| Lateral lunge |
| Rotating (135 degrees) lunge |
| Reverse crossover lunge |
| Jump | Jump position to full extension |
| Jump and stick |
| Counter movement jump |
| Horizontal progressions:2 to 21 to 22 to 11 to opp 11 to 1 hop |
| Quadrupedal | Basic cat |
| Dynamic cat |
| Pouncing cat |
| Push up plank |
| Cat walk |
| Push | Push up |
| Modified push ups |
| Pull | Hang |
| Monkey bar progressions |
| Rotations | Hip rolls |
| Thoracic clams |
| Running development | Heel toe walk |
| March |
| Skip |
| Lateral shuffle |
| Split stance start |
| Bilateral stop |
| Split stance stop |
| 180 degree turn |
| **Strength-based exercises and explosive activities** |
|  | Muscle groups | Concentric actions |
| Bilateral squat | Back squat | Gluteus maximusQuadricepsGastrocnemiusSoleus | Hip extensionKnee extensionPlantarflexion |
| Overhead Squat |
| Front squat |
| Goblet squat |
| Bilateral hinge pulls | Deadlift | Gluteus maximusHamstringsQuadriceps | Hip extensionKnee extension |
| Trap bar deadlift |
| Romanian deadlift |
| Uni-lateral – lower body dominant | Split squat | Gluteus maximusQuadricepsGastrocnemiusSoleus | Hip extensionKnee extensionPlantarflexion |
| Bulgarian split squat |
| Lunge |
| Step up |
| Push and vertical press - upper body dominant | Push up | Pectoralis majorAnterior deltoidsTriceps brachii | Shoulder abductionElbow extension |
| Resisted push up |
| Bench press |
| Dumbell bench press |
| Strict press (from behind) | DeltoidsTriceps brachii | Shoulder abductionElbow extension |
| Strict press (from front) |
| Dumbell strict press |
| ½ kneeling press |
| Push – whole body explosive | Push press (from behind) |  |  |
| Push press (from front) |
| Dumbell push press |