



**Level 1 Award in Assistant Gym
Instructor
Learner Record**

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Assessment plan and record of learner achievement

Centre Name: Body Aid Solutions Ltd

Learners Name:

Contents of Units				Record of Achievement		
Unit Name	Evidence	Assessment Method	Planned assessment date	Pass/Refer/APA	Assessors Signature & Date	IV Signature and date (If Sampled)
How the Body Works	Worksheet 1	Online				
Planning a physical activity session	Worksheet 2	Online				
Assisting in the delivery of a physical activity session	Summative Observation	Observation				

Assessment record of achievement and declaration

Learners Name:

I agree to be assessed according to the assessment plan and confirm that this has been explained fully to me. I am aware of any additional support available to me and confirm that the appeals procedure where necessary has been clearly outlined to me. I declare that all work submitted for this portfolio will be my own unaided work.

Learner Signature:

Date:

Assessors name:

The assessment procedure has been discussed with the learner and any additional support required has been planned and recorded separately.

Assessors signature:

Date:

Assessor 1's agreement: I declare that all learner evidence (listed in the assessment plan) has been assessed and meets the learning outcomes, assessment criteria and evidence requirements for the qualification.

Assessors Name:

Assessors Signature:

Date:

Assessor 2's agreement: I declare that all learner evidence (listed in the assessment plan) has been assessed and meets the learning outcomes, assessment criteria and evidence requirements for the qualification.

Assessors Name:

Assessors Signature:

Date:

Assessor 3's agreement: I declare that all learner evidence (listed in the assessment plan) has been assessed and meets the learning outcomes, assessment criteria and evidence requirements for the qualification.

Assessors Name:

Assessors Signature:

Date:

Internal Verifiers agreement: I declare that all learner evidence (listed in the assessment plan) has been assessed and meets the learning outcomes, assessment criteria and evidence requirements for the qualification.

Internal Verifiers Name:

Internal Verifiers:

Date:

Planning a Physical Activity Session

Unit No: Y/618/6528

Assisting in Delivery of a physical activity Session

Unit No: Y/618/6528

Assignment Brief

1. Complete the screening of your participant using the PAR-Q template.
2. Plan a 30-45 minute session based on information gathered using the PAR-Q regarding any injuries and suitable exercises. Gain feedback from on session plan from a qualified Level 2 Gym Instructor or Level 3 Personal Trainer.
3. The programme must include the following:
 - A suitable CV warm up
 - A main CV component lasting 10 minutes
 - 4 Exercises comprising of a mixture of resistance machines free weights and bodyweight exercises

Physical activity readiness questionnaire (PARQ) and you (A questionnaire for people aged 15-69)

Regular physical activity is fun and healthy, and more and more people are starting to increase their daily activity levels. Being more active is very safe for most people.

However, some people should check with their doctor before they make drastic increases to their activity levels.

If you are planning on becoming much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PARQ will tell you whether you should check with your doctor before you start. If you are over 69 years of age and you are not used to being very active check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check 'YES' or 'NO'.

	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 your physical activity levels?		
Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart conditions?		
Do you know of any other reason why you should not do physical activity?		
If you answered YES to one or more questions:		
Talk with your doctor by phone or in person before you start becoming much more physically active or before you have a fitness appraisal. Tell your doctor about the PARQ and the questions to which you answered 'YES'. You may be able to do any activity you want – as long as you start slowly and build up gradually. Alternatively, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice. Find out which community programmes are safe and helpful for you.		
If you answered NO to all questions:		
If you answered 'NO' honestly to all PAR-Q questions, you can be reasonably sure that you can: Start becoming much more physically active – begin slowly and build up gradually – this is the safest and easiest way to go about it. Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start to dramatically increase your physical activity levels.		

DELAY BECOMING MUCH MORE ACTIVE:

If you are feeling unwell because of a temporary illness, such as a cold or fever, wait until you feel better.

If you are or may be pregnant talk to your doctor before you become more active.

PLEASE NOTE:

If your health changes so that you then answer 'YES' to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction".

Name

Signature

Date

Signature of parent or guardian (for those underage of 16)

NOTE: This PAR-Q is valid for 12 months from the date of completion and becomes invalid should your condition change so you would answer YES to any of the above questions.

Adapted from PAR-Q (2002) The Canadian Society for Exercise Physiology

SESSION PLAN

Client Name or Number of Participants:
Aim of Session:

Cardiovascular			
CV Equipment	Time	Target RPE	Coaching Notes

Resistance Training Section: Resistance Machine (RM) Free Weight (FW) Body Weight (BW)				
Exercise	RM / FW / BW	Sets / Reps	Intensity (Light, Moderate, Heavy)	Coaching points / Notes

Cool Down Pulse lowering and static stretches			
CV Pulse Lowering activity & Static Stretches 1 upper 1 lower	Time	Target RPE	Coaching Notes

Formative observation instructing gym based exercise with support assessor checklist

Key: competent mark (✓) not competent mark (X) competent with a comment mark (.) assessor asked a question mark a (Q) and note the question and the answer given on the assessor feedback. Grey shaded area must be achieved for all exercises failure to do so will result in a referral.	
Date:	
Prior to starting the session (section A)	✓ X . Q
1. Temperature of location suitable / Shelter available if outdoors	
2. Fire exits / routes clear and no obstructions	
3. First aid kit location known, and first aider documented	
4. Telephone location known and checked	
5. All equipment listed in good working order and safe to use	
6. Copy of risk assessment and paperwork located and available	
7. Any special requirements of participants noted, and PAR-Q completed	
Assisting in the Session (Section B)	✓ X . Q
Help to prepare equipment, area of the chosen activity	
Assist in delivery of a safe and effective warm up	
Assist in delivery of a main component of planned physical activity session	
Assist in delivery of an effective cool down component of planned physical activity session	
Motivating participants appropriately throughout	
Communicating clearly	
Use facilities and equipment safely the physical activity session. Adhering to safety guidelines of the venue	
Leave area and equipment in good working order for future use	

Performance Criteria	Assessor Feedback and questions
Preparation of the activity session	
Demonstration in the delivery and management of a safe and effective physical activity session	
Close and conclude the physical activity session	



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