

PROGRAM ACCREDITATION APPLICATION

PHYSICAL ACTIVITY AUSTRALIA

NATIONAL FITNESS REGISTRATION

- New accreditation *Complete all sections 1,2 and 3* Renew accreditation (unchanged) *Complete Section 1, item 1.1* KAP _____ PDPs _____
- I want to be a Physical Activity Australia **Business Supporter** for \$200 (normally \$250) and receive 2 weeks FREE website advertising. (Complete the Business Membership Form, applying the coupon code BMD20).

PAYMENT DETAILS

Please make your payment online prior to submitting this application Estimated PDP Allocation _____

Receipt number: _____ Amount paid \$ _____ Date payment made: _____ / _____ / _____

PROGRAM PROVIDER DETAILS

Provider Name: _____

Contact Name: _____

Contact Phone Number: _____

PROGRAM DETAILS

Program Name: _____

Delivery Method: _____ State/s where delivered (if face to face): _____

PROGRAM CATEGORY (select maximum 2 categories)

- | | | |
|--|--|---|
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Group Exercise & Group Fitness | <input type="checkbox"/> Pilates / Yoga / Tai Chi |
| <input type="checkbox"/> Assessment & Prescription | <input type="checkbox"/> Health & Behaviour Modification | <input type="checkbox"/> Pre / Postnatal |
| <input type="checkbox"/> Boxing & MMA | <input type="checkbox"/> Indoor Cycling | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Kettlebell Training | <input type="checkbox"/> Resistance / Functional Training |
| <input type="checkbox"/> Children & Adolescents | <input type="checkbox"/> Medical Conditions | <input type="checkbox"/> Specific Populations |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Strength & Power Training |
| <input type="checkbox"/> Events / Conferences / Forums | <input type="checkbox"/> Older Adults | <input type="checkbox"/> Swiss Ball / Fitball / ChiBall |
| <input type="checkbox"/> Exercise Equipment | <input type="checkbox"/> Outdoor Training | <input type="checkbox"/> Walking / Running |
| <input type="checkbox"/> Exercise Physiology / Anatomy | <input type="checkbox"/> Personal Training | <input type="checkbox"/> Women |

APPLICANT DECLARATION

- I declare that all information provided in this application is true and correct. I have read and agree to abide by the terms and conditions available at www.physicaactivityaustralia.org.au. I understand that failure to comply with the terms and conditions may result in the withdrawal of my program accreditation.

Name of person making declaration: _____ Date: _____ / _____ / _____

STEP 1 SAVE **STEP 2 EMAIL** **OR** **PRINT** Please email your application to education@physicalactivityaustralia.org.au or mail it to the address below. ✓

OFFICE USE ONLY

Application received: _____ / _____ / _____

Processed: _____ / _____ / _____

Accreditation No: _____

Payment ID: _____

PHYSICAL ACTIVITY AUSTRALIA
ABN 82 094 095 468
50 Rouse Street, Port Melbourne VIC 3207 Australia
P 1300 784 467 W www.physicalactivityaustralia.org.au

* Physical Activity Australia is a division of the Blueearth Foundation.

SECTION 1

Date received by Assessor: _____ / _____ / _____

Date returned from Assessor: _____ / _____ / _____

PROGRAM PROVIDER

ITEM	APPLICANT COPIES ATTACHED	DOCUMENT	ASSESSOR COMMENTS
1.1	<input type="checkbox"/>	Provide a copy of a Certificate of Currency showing evidence of: - Professional Indemnity cover for all programs - General Liability cover for face to face programs	
1.2	<input type="checkbox"/>	Provide a copy of a Copyright Authorisation (where applicable).	
1.3	<input type="checkbox"/>	Provide a copy of a teaching or assessing qualifications, eg. Certificate IV Workplace Training & Assessment (applicable if the presenter does not hold the relevant qualification).	

SECTION 2

PROGRAM

ITEM	APPLICANT COPIES ATTACHED	DOCUMENT	ASSESSOR COMMENTS
2.1	<input type="checkbox"/>	State the program duration in hours	
2.2	<input type="checkbox"/>	Provide a copy of a program agenda, including start, finish and break times.	
2.3	<input type="checkbox"/>	Identify the delivery mode, i.e. face to face, online, correspondence or blended.	
2.4	<input type="checkbox"/>	Identify the program delivery location if face to face.	
2.5	<input type="checkbox"/>	Define the target audience.	
2.6	<input type="checkbox"/>	State the pre-requisite entry level qualification.	
2.7	<input type="checkbox"/>	Define the course objective and learning outcomes.	
2.8	<input type="checkbox"/>	Provide a copy of the lesson plans.	
2.9	<input type="checkbox"/>	Provide a copy of the course manual and/or learning resources. Include a reference page (where applicable).	
2.10	<input type="checkbox"/>	Provide a copy of audio/visual presentations (where applicable).	

2.11 List equipment (if any) being used and provided for participants.

2.12 Provide a copy of participant handouts.

2.13 Provide a copy of the theoretical assessment (including answers).

2.14 Provide a copy of the practical assessment. Details of assessment strategies must be clearly defined.

2.15 Provide a copy of a feedback form.

2.16 Provide a copy of a participant Certificate, including estimated placement of the Physical Activity Australia accreditation notification and logo.

2.17 Provide any other supporting documentation which may assist in the assessment of your program.

SECTION 3

PRESENTER

ITEM	APPLICANT COPIES ATTACHED	DOCUMENT
3.1	<input type="checkbox"/>	Provide a copy of relevant academic qualifications.
3.2	<input type="checkbox"/>	Provide a copy of a teaching or assessing qualifications, eg. Certificate IV Workplace Training & Assessment.
3.3	<input type="checkbox"/>	Provide a copy of a Certificate of Currency showing evidence of: - Professional Indemnity cover for all programs - General Liability cover for face to face programs
3.4	<input type="checkbox"/>	Provide a copy of a CV including: - education or teaching experience relevant to the delivery of the program content - number of years working in the fitness related industries

ASSESSOR DECLARATION

I declare that I am qualified to evaluate this professional development program and will keep this evaluation and documentation strictly confidential.

Signature of Assessor (insert electronic signature if available) _____ Date: ____/____/____
Print Name of Assessor

Approved

PDP Allocation 1

Additional notes/comments

Declined

2

3