**Level 2 Gym Instructor Client Consultation Record**

Gym-based programme planning and preparation (D/616/7950)

Learners Name: Date:

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| Clients Name | | Age | | Gender (not mandatory) |
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| Description of Lifestyle, to include: family commitments, occupation, hours of work, hobbies etc. | | | | |
|  | | | | |
| Description of present exercise and physical activity levels (apply FITT where appropriate) | | | Description of past exercise and physical activity levels (apply FITT where appropriate) | |
|  | | |  | |
| **Client’s Activity likes and dislikes** | | | | |
| Likes | | | Dislikes: | |
| **Client PARQ completed and informed consent explained? YES/NO** | | | **Did the client answer YES to any PARQ questions? YES/NO** | |
| **Analysis of PARQ responses and actions if applicable** | | | | |
| **Results from health assessments (conduct the physical measurements/assessments as appropriate to the client goals - minimum of 2 health assessments required)** | | | | |
| **Test** | **Results** | | | |
| **Resting Heart Rate** |  | | | |
| **Blood Pressure** |  | | | |
| **Height and Weight** |  | | | |
| **BMI** |  | | | |
| **Waist Circumference** |  | | | |
| **Waist-to-hip ratio** |  | | | |
| **Results Analysis:** 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) | | | | |
|  | | | | |
| **Results Analysis:** List considerations for the programme based on the above and PARQ. | | | | |
|  | | | | |
| **Client’s readiness to participate (list the client’s general feelings towards starting a programme of exercise and any possible obstacles** | | | | |
|  | | | | |
| **SMART Goals: Indicate below if another party other than the instructor and client is required for goal setting (Please give a reason for their involvement)** | | | | |
|  | | | | |
| **SMART Goals:** | | | | |
| **Long Term: (3 months)** | | | | |
| **Medium Term: (6-8 weeks)** | | | | |
| **Short Term:** (Something the client can start immediately) | | | | |
| **Other suggested Activities available within the health and fitness facility that may help meet the client’s goals and complement the gym programme** | | | | |
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| **Agree Programme Review Dates** | | | | |

**Observation Record and Feedback (assessor)**

Gym-based programme planning and preparation (D/616/7950) Assessment element 5

**The learner needs to achieve C1 through C8 to gain an overall pass in this section.** Questioning is not permitted to confirm competence of practical skill. If the learner fails to meet the requirements of this section in full, they will need to be reassessed on that component of the session.

The second ‘Date’ and ‘Reassessment’ columns are for reassessment should the learner not achieve a pass against all criteria.

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| **Learner’s name:** |  | **Date:** |  |
| **Assessor’s name:** |  | **IQA’s name:** |  |

|  |  |
| --- | --- |
| **Consultation (formative)** | |
| The learner demonstrated that they:  **C1: Utilised methods to collect client information, applicable to the individual client’s lifestyle and goals.**  **C2: Used appropriate communication methods to engage and fully support the client in meeting their needs.**  **C3: Identified client’s needs and any possible risks from participation in a gym-based programme, signposting to relevant professionals as required.**  **C4: Maintained client confidentiality (informing them of confidentiality of information given and how information will be stored).**  **C5: Identified any barriers to participation in exercise and identified methods of supporting clients to overcome them.**  **C6: Identified basic health and fitness assessments relevant to the client and followed protocols when screening clients using assessments (as appropriate) and relayed information sensitively.**  **C7: Agreed objectives using SMART goal setting.**  **C8: Informed the client of the next review date highlighting the importance of reviewing programmes at regular intervals.** | |
| **Task 1 Consultation Date:** | **Outcome:** |

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| **Assessor feedback as to how the learner met the outcomes above. Reference using C1 to C8:** |
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