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| **Learner’s name:** |  |

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| 1. **Explain the principles of informed consent in relation to the ante natal and post natal client**
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| 1. **Summarise the information that should be obtained from the ante natal and post natal client prior to programme design**
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| 1. **Describe two methods of collecting client information**
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| 1. **Explain the legal and ethical implications of collecting client information**
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| 1. **Give one example of how to treat confidential information**
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| 1. **Explain how client information can be interpreted in order to identify needs and goals**
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| 1. **Explain how to analyse the client’s response to the physical activity readiness questionnaire (PAR-Q)**
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| 1. **Complete the table below. State three types of medical condition that will prevent instructors from working with the target group.**
 |
|  | Medical condition 1 | Medical condition 2 | Medical condition 3 |
| **Ante natal client** |  |  |  |
| **Post natal client** |  |  |  |
| 1. **State the RCOG (Royal College of Obstetricians and Gynaecologists) guidelines for safe commencement of general exercise after pregnancy for the following:**
 |
| **Regular delivery:** |  |
| **Caesarean section:** |  |
| 1. **Explain how and when instructors should refer ante natal and post natal clients to another professional, to include:**
 |
| **How:** |  |
| **When:** |  |
| 1. **Identify credible sources for guidelines on programme design and safe exercise for the following:**
 |
| **Stage of pregnancy** | **Credible source for guidelines**  |
| **Ante natal** |  |
| **Post natal** |  |
| 1. **Describe two ways you could help a client to incorporate pelvic floor exercises**
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| 1. **Give two examples of how you could help a client include physical activity as part of their everyday life (in addition to exercise sessions)**
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**I confirm that the information within this worksheet is entirely my own work.**

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| Learner’s signature: |  | Date: |  |
| Assessor’s signature: |  | Date: |  |
| IQA’s signature: |  | Date: |  |

**Assessor feedback sheet**

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| **Learner’s Name:** |  | **Assessor’s Name:**  |  |

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| **Question number** | **Assessor feedback** |
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| **Final Result:** |  | Pass |  | Fail  |
|  |  |  |  |  |
| Learner’s signature: |  | Date: |  |
| *\*an electronic signature is acceptable on this document* |
| Assessor’s signature: |  | Date: |  |
| *\*an electronic signature is acceptable on this document* |
| IAQ’s signature: |  | Date: |  |
| *\*an electronic signature is acceptable on this document* |