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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 | | |
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| 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* | | | | | | | |