Shift Record

Please give an outline of the facility in which you completed your work placement shift using the headings in the box on the left as your guidelines.

|  |  |
| --- | --- |
| **Name of Facility** |  |
| **Address** |  |
| **Owner/Manager** |  |
| **Enquiries**  How are they dealt with? |  |
| **Advertising**  Methods used |  |
| **Screening**  Procedures used |  |
| **Staff duties**  Gym supervision  Classes  Reception etc |  |
| **Fitness Assessment**  Procedures used  Include Tests |  |
| **Health & Safety**  Safety statement  First Aid  Accident procedures  Emergency Procedures |  |
| **Resistance equipment** |  |
| **CV equipment** |  |
| **Other comments** |  |

**Work Experience Evaluation Form**

**Module 6 and 9 Cardio Based Classes (Ex. To music, Step, Zumba etc.)**

In your opinion please rate your experience of participating in each of the classes below using the following rating scale:

**0** Needs Work  **1** Adequate **2** Good **3** Excellent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Areas** | Class 1 | **Class 2** | **Class 3** | **Class 4** |
| Screening |  |  |  |  |
| Instructors personal technique |  |  |  |  |
| Use of teaching points |  |  |  |  |
| Cueing |  |  |  |  |
| Use of adaptations |  |  |  |  |
| Use of progressions |  |  |  |  |
| Motivating and enjoyable atmosphere |  |  |  |  |
| Voice projection |  |  |  |  |
| Creative/original approach |  |  |  |  |
| Correction of clients |  |  |  |  |
| Intensity/effectiveness of workout |  |  |  |  |
| Variety of movements |  |  |  |  |
| Date |  |  |  |  |
| Venue |  |  |  |  |
| **Instructor & qualifications** (if known) |  |  |  |  |
| **Module 6 Tutor Signature** |  |  |  |  |

**Overall Comments:** (These will help you form the basis of your overall work placement report)

**Work Experience Evaluation Form**

**Module 7 Resistance Training**

Please list the name of the exercises/machines used during each of your resistance training sessions.

|  |  |  |
| --- | --- | --- |
|  | **List of machines used** | |
|  | Session 1 | **Session 2** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  | Comments should include points on:   * Ease of use * Comfort * Adjustment * ROM |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Date |  |  |
| Venue |  |  |
| **Instructor & qualifications** (if known) |  |  |
| **Module 8 Tutor Signature** |  |  |

**Overall Comments:** (These will help you form the basis of your overall work placement report)

**Work Experience Evaluation Form**

**Module 8 Circuit Training**

In your opinion please rate your experience of participating in each of the classes below using the following rating scale:

**0** Needs Work  **1** Adequate **2** Good **3** Excellent

|  |  |  |
| --- | --- | --- |
| **Areas** | Class 1 | **Class 2** |
| Screening |  |  |
| Instructors personal technique |  |  |
| Use of teaching points |  |  |
| Demonstrations |  |  |
| Use of adaptations |  |  |
| Use of progressions |  |  |
| Motivating and enjoyable atmosphere |  |  |
| Voice projection |  |  |
| Creative/original approach |  |  |
| Correction of clients |  |  |
| Intensity/effectiveness of workout |  |  |
| Variety of exercises |  |  |
| Date |  |  |
| Venue |  |  |
| **Instructor & qualifications** (if known) |  |  |
| **Module 9 Tutor Signature** |  |  |

**Overall Comments:** (These will help you form the basis of your overall work placement report)

**Work Experience Evaluation Form**

**Module 8 Body Conditioning**

In your opinion please rate your experience of participating in each of the classes below using the following rating scale:

**0** Needs Work  **1** Adequate **2** Good **3** Excellent

|  |  |  |
| --- | --- | --- |
| **Areas** | Class 1 | **Class 2** |
| Screening |  |  |
| Instructors personal technique |  |  |
| Use of teaching points |  |  |
| Cueing |  |  |
| Use of adaptations |  |  |
| Use of progressions |  |  |
| Motivating and enjoyable atmosphere |  |  |
| Voice projection |  |  |
| Sequencing and flow |  |  |
| Correction of clients |  |  |
| Intensity/effectiveness of workout |  |  |
| Variety of movements |  |  |
| Date |  |  |
| Venue |  |  |
| **Instructor & qualifications** (if known) |  |  |
| **Module 8 Tutor Signature** |  |  |

**Overall Comments:** (These will help you form the basis of your overall work placement report)

**Work Experience Evaluation Form**

**2 Alternative Exercise Classes e.g. Pilates, Spinning, Boxercise, Kai Bo etc**

In your opinion please rate your experience of participating in each of the classes below using the following rating scale:

**0** Needs Work  **1** Adequate **2** Good **3** Excellent

|  |  |  |
| --- | --- | --- |
| **Areas** | Class 1 | **Class 2** |
| Type of class |  |  |
| Screening |  |  |
| Instructors personal technique |  |  |
| Use of teaching points |  |  |
| Cueing |  |  |
| Use of adaptations |  |  |
| Use of progressions |  |  |
| Motivating and enjoyable atmosphere |  |  |
| Voice projection |  |  |
| Sequencing and flow |  |  |
| Correction of clients |  |  |
| Intensity/effectiveness of workout |  |  |
| Variety of movements |  |  |
| Date |  |  |
| Venue |  |  |
| **Instructor & qualifications** (if known) |  |  |
| **Course Coordinators Signature** |  |  |

**Overall Comments:** (These will help you form the basis of your overall work placement report)