

YMCA Awards Level 2 Award in Instructing Kettlebell Training Sessions

Learner Achievement Record

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| Learner Name |  |

[www.trainermaker.com](http://www.trainermaker.com)

**COURSE UNITS & HOW EACH IS ASSESSED**

**Planning kettlebell training sessions**

 Assessment 1 – Worksheet

Assessment 2 – Session plan

**Instructing kettlebell training sessions**

 Assessment 3 – Observed practical

 Assessment 4 – Session evaluation

This Learner Achievement Record (LAR) will guide you through these assessments.

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Please note, any yellow shaded box within the LAR MUST be completed with a comprehensive answer. 100% completion required!

**Assessment Plan**

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| Unit title | Assessment number | Evidence / Assessment method | Date, time and place of assessment | Reasonable adjustments |
| Planning Kettlebell Training Sessions(T/504/4872) | 1 | Written worksheet |  |  |
| 2 | Written session plan |  |  |
| Instructing Kettlebell Training Sessions(M/504/4871) | 3 | Observed performance |  |  |
| 4 | Written session review |  |  |
| 5 | Demonstration of personal competence |  |  |

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| Learner signature |  |
| Assessor signature |  |
| IQA signature |  |

**Assessment 1**

**Worksheet**

1. Describe what a kettlebell is and its origins

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2. Describe the history of kettlebell training

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3. Describe the 3 component parts of a kettlebell

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4. Give 4 potential benefits of using kettlebells

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5. Give 2 roles that kettlebells can play in functional training

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6. Describe 2 physiological adaptations to kettlebell training

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7. Identify 4 health and safety considerations for instructing a kettlebell training session

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8. State 4 possible contraindications to kettlebell training

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9. Give 2 potential risk factors when instructing a kettlebell session

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10. Give 2 types of classes and training that can incorporate kettlebell exercises

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11. Describe 2 different resistance training systems that kettlebells can be used with

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| Assessment 1 - Worksheet | Pass |  | Refer  |  |
| Assessor feedback |  |

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| --- | --- | --- | --- |
| Learner signature |  | Date |  |
| Assessor signature |  | Date |  |
| IQA signature |  | Date |  |

**PARQ**

There are a number of accepted screening tools available, however for the purposes of this Learner Achievement Record we have included a copy of the recognised Physical Readiness Questionnaire (PAR-Q) based on one created by the Canadian Society of Physiology, the British Columbia Ministry of Health and the Multidisciplinary Board of Exercise. Note that other examples can be downloaded and used.

The PAR-Q as provided below is a self-screening tool that can be used by anyone who is planning to start an exercise programme. Fitness trainers or coaches determine the safety or possible risks of exercising for an individual based upon their answers to the PAR-Q’s specific health history questions often use it. However, it should be noted that for older adults (those over the age of 69), the PAR-Q+ or its equivalent should be used as it contains further screening content.

Further tools such as risk assessments (ACSM/Irwin and Morgan) and ‘health commitments’ are often now utilised by health and fitness facilities as part of the screening process (see appendix).

|  |  |
| --- | --- |
| Name |  |
| Age |  |
| Gender |  |
| Contact number |  |
| Email |  |
| Next of kin |  |
| Next of kin contact number |  |

This PARQ is designed to help you to help yourself. Many benefits are associated with regular exercise and completion of this PARQ is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose a problem or a hazard.

The PARQ has been designed to identify the small number of people for whom physical activity might be inappropriate or for those who should seek medical advice concerning the type of activity most suitable for them.

Common sense is the best guide for answering these questions

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|  | Yes | No |
| Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |  |  |
| Do you feel pain in your chest when you do physical activity? |  |  |
| In the past month, have you had chest pain when you were not doing physical activity? |  |  |
| Do you lose your balance because of dizziness or do you ever lose consciousness? |  |  |
| Do you have a bone or joint problem (for example; back, knee or hip) that could be made worse by a change in physical activity? |  |  |
| Is your doctor currently prescribing drugs (for example; water pills) for your blood pressure or a heart condition? |  |  |
| Do you know of any other reason why you should not do physical activity? |  |  |

YES – If you have answered ‘yes’ to any of the above questions, then you are required to gain consent from your doctor before participating in the personal training programme.

NO - If you have answered ‘no’ to all of the above questions and you have reasonable assurance of your suitability for:

* A gym-based exercise programme, which will include exercises designed around your needs and goals. The programme will work all components of physical fitness and use the principles of fitness to ensure it is a gradual, periodised programme of exercise and physical activity.

Then you are permitted to participate in the exercise programme at your own risk.

You are advised to postpone entry into the programme if you feel unwell or have a temporary illness.

You must inform your instructor of any changes to your health status whilst engaged in your training programme.

Witness signature only required if client is aged under 16 or a vulnerable adult.

|  |  |  |  |
| --- | --- | --- | --- |
| Client name |  | Client signature |  |
| Witness name |  | Witness signature |  |
| Instructor name |  | Instructor signature |  |

**Informed consent**

I understand that the purpose of this exercise programme is to provide safe and individualized exercise to improve health and fitness. The exercises may include:

Cardiovascular machine activities – treadmill walking or jogging, rowing, cycling, stair climbing and other such activities in an outdoor or alternative environment

Resistance training activities using resistance machines, free weights or circuit training to improve muscular fitness

Core and flexibility/mobility exercises to improve core stability and movement/range of motion around the joints

Potential risks:

The exercise programme is designed to place a gradually increasing workload on the cardiovascular and muscular systems and thereby improve their function. The reaction of the cardiovascular and muscular system to such exercise cannot always be predicted with complete certainty. There is a risk of certain changes that might occur during or following the exercise. These changes could relate to blood pressure or heart rate.

Potential benefits:

I understand that a programme of regular exercise has been shown to be beneficial. Some of these benefits include

* A decrease in risk of heart disease
* A decrease in body fat
* Improved blood pressure
* Improvement in psychological function
* Improvement in aerobic fitness

The gym programme has been explained to me and my questions regarding the programme have been answered to my satisfaction. I understand that I am free to withdraw at any time. The information obtained will be treated as private and confidential.

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| Client signature |  | Date |  |
| Witness signature |  | Date |  |

**Assessment 2**

**Kettlebell Programme Overview**

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| --- |
| Session and venue details |
| Venue |  | Location of first aid kit |  |
| Duty first aider |  | Location of telephone |  |
| Discipline |  | Duration of session |  |

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| --- |
| Client information |
| Informed consent completed? |  |
| PARQ completed? |  |
| Session objectives |  |
| Specific considerations relating to client (injuries etc) |  |

|  |
| --- |
| Environment checks to be made (health and safety) |
| Gym/studio |  | Fire exits |  |
| Temperature/ ventilation |  | Obstacles/hazards |  |

|  |
| --- |
| Organisation of equipment and resources |
| Equipment requirements | List of health and safety checks made |
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| --- |
| Client statement  |
| I (the client) agree with the statement objectives outlines above |
| Signature |  |

**Kettlebell Session Plan**

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| --- | --- |
| Client name |  |
| Training goal |  |
| Date |  |

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| --- | --- | --- |
| Warm-up (RAMP protocol) | Component time |  |
| Muscle group/movement/stretch | Reps | Time held/speed |
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| --- | --- | --- |
| Main session  | Component time |  |
| Exercise/machine | Resistance | Reps | Sets | Rest | Adaptation or alternative |
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| Description of exercise layout or class style |  |

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| --- | --- | --- |
| Cool-down activities and stretches | Component time |  |
| Activity/stretch | Reps | Time held/speed |
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| Other activities the clients may be interested in within the fitness facility to compliment their programme |
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**Assessment 2 – Session plan**

(to be completed by ASSESSOR)

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| --- | --- |
| Learner name |  |
| Assessor name |  |
| IQA name |  |
| Date |  |
| Unit | Planning kettlebell training sessions (T/504/4872) |
| Assessment element | 2 |

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| --- | --- |
| The learner: | PASS/REFER |
| Included aims and objectives for the kettlebell training session |  |
| Selected a range of kettlebell lifts including:* Unilateral and bilateral movements
* Multi-planar movements
 |  |
| Planned exercise order, timings and rest periods |  |
| Identified adaptations/changes to session due to equipment, facilities or the client |  |
| Planned realistic timings for kettlebells training sessions |  |
| Recorded plans in an appropriate format |  |

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| Session plan  | Pass |  | Refer  |  |
| Assessor feedback |  |

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| --- | --- | --- | --- |
| Learner signature |  | Date |  |
| Assessor signature |  | Date |  |
| Iv signature |  | Date |  |

**Assessment 3 – Observed practical**

(to be completed by ASSESSOR)

|  |  |
| --- | --- |
| Learner name |  |
| Assessor name |  |
| IQA name |  |
| Date |  |
| Unit | Instructing kettlebell training sessions (M/504/4871) |
| Assessment element | 3 |

Instructing

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| --- | --- | --- |
| The learner must: | Initial assessment | Re-assessment |
| Prepared their self to instruct kettlebell training sessions |  |  |
| Selected appropriate equipment for kettlebell training sessions |  |  |
| Prepared the environment and equipment to meet client’s needs |  |  |
| Prepared clients for kettlebell training sessions |  |  |
| Explained the role of kettlebells and described physiological adaptations to clients |  |  |
| Monitored the safety, effectiveness and intensity of the kettlebell training session |  |  |
| Demonstrated and instructed a range of exercises incorporating:* Unilateral and bilateral movements
* Multi-planar movements
 |  |  |
| Adapted exercises with suitable progression and regression according to client’s needs |  |  |
| Demonstrated the use of verbal and non-verbal communication |  |  |
| Provided feedback and instructing points which were timely, clear and motivational |  |  |
| Communicated as appropriate to client needs and the environment |  |  |
| Gave feedback to clients on their performance |  |  |

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| Session delivery | Pass |  | Refer  |  |
| Assessor feedback |  |

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| Assessor signature |  | Date |  |
| IQA signature |  | Date |  |

**Assessment 4**

**Session Evaluation**

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| Learner name |  |
| Date |  |

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| After my session, I received the following feedback from the client/s: |
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| My exercises met the needs of the client/s in the following ways: |
| Instructing style | Individual needs |
|  |  |

|  |
| --- |
| My relationship with the client/s, including communication style and motivation, was effective in the following ways: |
|  |

|  |
| --- |
| How safe and effective were the exercises given and the programme as a whole in relation to client/s need? |
|  |

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| --- |
| Identify 3 ways in which you can improve your personal practice |
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| --- |
| How do you think reflecting on sessions can assist you in your role as a kettlebell instructor? |
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| Assessment 4 - Self evaluation | Pass |  | Refer  |  |
| Assessor feedback |  |

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| --- | --- | --- | --- |
| Learner signature |  | Date |  |
| Assessor signature |  | Date |  |
| IQA signature |  | Date |  |

**Assessment 5 – Demonstration of Personal Competence**

**(To be completed by ASSESSOR)**

You must complete the following exercises/repetitions on each hand. You must use a weight that is challenging to yourself but that does not affect your ability to complete the set safely. Minimum weight requirements are 8kgs female, 12kgs male for all exercises. You must specify which style of lifting you are using prior to your demonstration. You may choose a variant of the exercise that you use regularly. You will be assessed according to the technique points listed below. At the discretion of the assessor, allowances will be made for any stated injury, mobility or technical issue for each exercise.

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| **Exercise (all single kettlebell)** | **Technique points** | Pass/Refer |
| **Swing** 10 reps right hand10 reps left hand10 reps double hand | * Effective hip hinge
* Maintenance of neutral spine through the hinge
* Proximity of forearms to torso during hip drive
* Height of kettlebell as it passes between legs
 |  |
| **Clean** 10 reps each hand | Technique points as swing plus:* Control of kettlebell into the racked position
 |  |
| **Jerk** 10 reps each hand | * Proximity of elbow to hip bone at point of drive
* Timing of the ‘double dip’
* Perpendicular, fixed and stable overhead position
 |  |
| **Snatch**10 reps each hand | * Effective hip drive
* Control of overall movement
* Perpendicular, fixed and stable overhead position
 |  |
| **Press**10 reps each hand | * Stable trunk
* Perpendicular, fixed and stable overhead position
 |  |
| **Squat**10 reps | * Maintenance of neutral spine through a full range of movement (femur breaking parallel)
* Knees in correct alignment with feet
 |  |
| **Turkish getup**3 reps each side | * Correct limb placement during ascent and descent
* Arm holding kettlebell should be perpendicular at all times throughout the exercise
* Control and stability should be shown throughout the movement both during ascent and descent
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| Assessment 5 – Personal demonstration | Pass |  | Refer  |  |
| Assessor feedback |  |

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| --- | --- | --- | --- |
| Learner signature |  | Date |  |
| Assessor signature |  | Date |  |
| IQA signature |  | Date |  |

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| --- |
| Assessor feedback as to how the learner met the outcomes, with references |
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**Assessor feedback**

**Summary of Achievement**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Unit title | Assessment Number | Evidence/ Assessment method | Assessment outcome (P/R/E) | Assessor signature/ date | Action plan/ evidence for exemption | Reassessment outcome (P/R/E) | Assessor signature/ date |
| Planning kettlebell training sessions (T/504/4872) | 1 | Worksheet |  |  |  |  |  |
| 2 | Session plan |  |  |  |  |  |
| Assessor signature for sign off |  |
| IQA signature if sampled |  |
| EQA signature if sampled |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Unit title | Assessment Number | Evidence/ Assessment method | Assessment outcome (P/R/E) | Assessor signature/ date | Action plan/ evidence for exemption | Reassessment outcome (P/R/E) | Assessor signature/ date |
| Instructing kettlebell training sessions (M/616/7824) | 3 | Observed practical |  |  |  |  |  |
| 4 | Written session evaluation |  |  |  |  |  |
| 5 | Personal demo’ |  |  |  |  |  |
| Assessor signature for sign off |  |
| IQA signature if sampled |  |
| EQA signature if sampled |  |

**YMCA Awards Level 2 Certificate in Gym Instructing (606/2767/4)**

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| --- | --- | --- | --- |
| Learner’s name  |  | Centre name |  |
| Assessor’s name |  | IQA’s name |  |

**Learner authenticity statement:**

I confirm that the evidence provided for this qualification is entirely my own work.

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| --- | --- | --- | --- |
| Learner’s signature  |  | Date |  |

**Assessor sign-off statement**

I confirm that I am satisfied that the learner named above has provided evidence that is valid, authentic, reliable, current and sufficient to demonstrate the required knowledge, understanding and/or skills for the units signed off here

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| --- | --- | --- | --- |
| Assessor’s signature  |  | Date |  |
| IQA’s signature |  | Date |  |