

GROUP EXERCISE DESIGNATION APPLICATION

Course and Facilitator Approval



Please check one: Choreography Cycling Portable Equipment Step Mind/Body

HOSTING AGENCY INFORMATION

Hosting Agency Name: _____

Agency Address: _____

City: _____ Postal Code: _____

Contact Name: _____ Phone Number: _____

E-mail: _____

Location of Course: _____

Registration Fee: \$ _____ (per person, including GST)

COURSE APPROVAL REQUIREMENTS (COURSE INFORMATION MUST BE SUBMITTED TO AFLCA FOR APPROVAL)

Please complete the entire form and attach the following information:

- Course agenda--include length of course, time spent on areas of concentration, e.g. 9:30 am-10:30 am Principles of training.
- Learning Outcome Objective Chart for the appropriate designation(s)--Detailed description of specific components and learning outcomes achieved. Learning objectives must match the AFLCA learning objectives for the specific designation (learning objectives are available on the Provincial Fitness Unit website).

Course Name: _____

Course description: _____

Scheduled Dates & Times _____

Do you intend on offering this course more than once this year? ___Yes___No If yes, please list all dates between April 1 and March 31:

Length of Course (see below minimum course requirements) _____

Minimum Course Hours Required

- Choreography, Cycling, Portable Equipment, Step--8 hours
- Mind/Body--16 hours



FACILITATOR REQUIREMENTS (MUST BE SUBMITTED TO AFLCA FOR APPROVAL)

To be approved as a facilitator for an AFLCA designation course the facilitator MUST be an employee of the hosting agency named above.

Please provide the following information for EACH Trainer/Facilitator that will be delivering this course. Please note that AFLCA Trainers and Assistant Trainers are automatically approved as Designation Facilitators and will NOT be required to complete the Facilitator Approval section of this application.

- Name of Facilitator(s)
- Facilitator(s) current resume(s)
- Proof of a minimum of 5 years of experience with course material, education and exercise leadership (include prior courses facilitated)
- Two professional references (one MUST be from an AFLCA Trainer in good standing)

Name of Facilitator: _____

Education and Experience: _____

Professional References (Please Provide name and contact numbers):

1. _____ contact: _____
2. _____ contact: _____

Name of Facilitator: _____

Education and Experience: _____

Professional References (Please provide name and contact numbers):

1. _____ contact: _____
2. _____ contact: _____

Name of Facilitator: _____

Education and Experience: _____

Professional References (Please Provide name and contact numbers):

1. _____ contact: _____
2. _____ contact: _____

If there is a change in facilitator(s) or changes made to the course the AFLCA Office must be notified.

I verify that the information on this form and any attached information is correct.

Signature