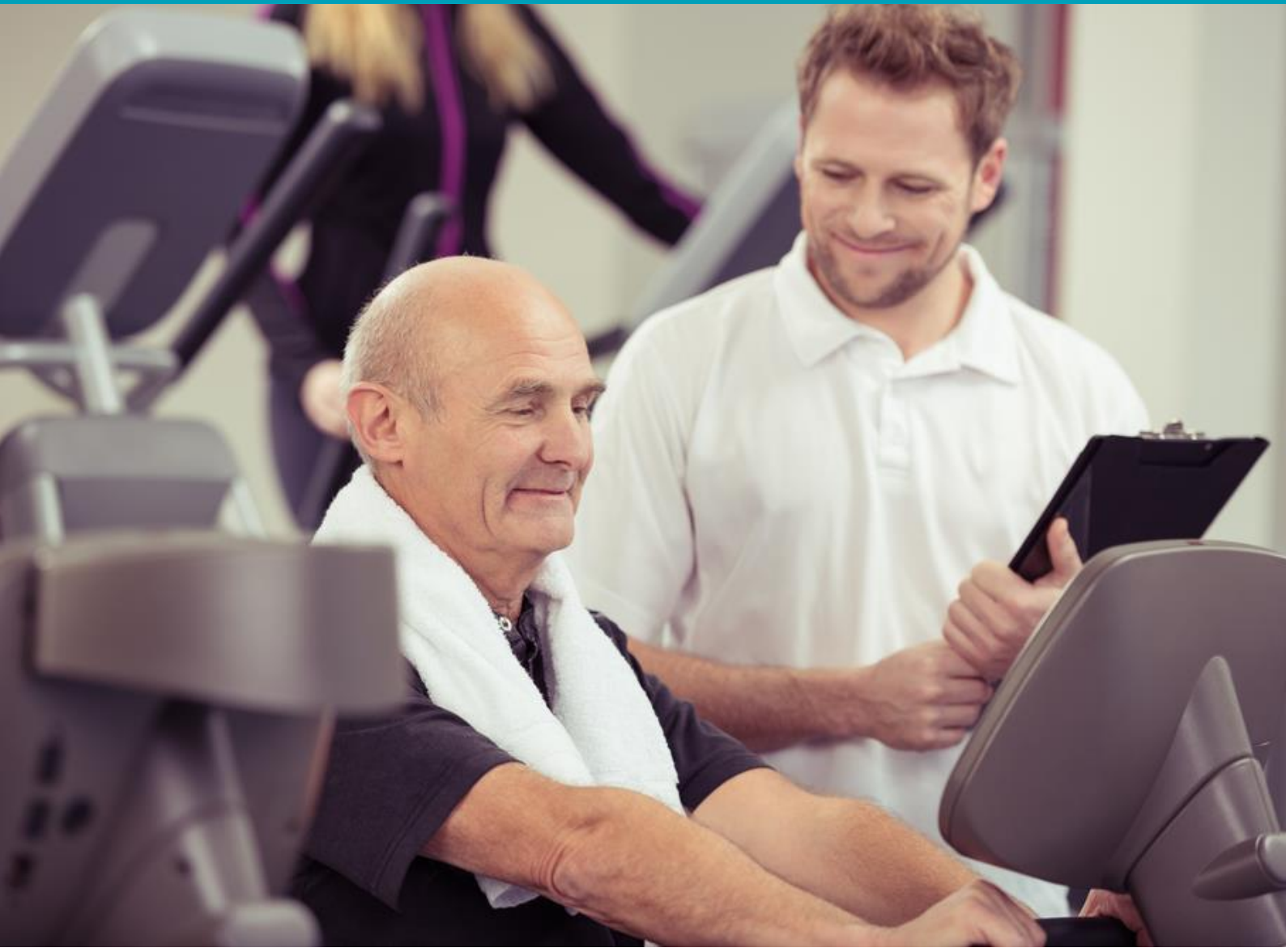


# YMCA Level 3 Diploma in Exercise Referral (603/3103/3)

## Learner Assessment Record



YMCA Awards

112 Great Russell Street

London

WC1B 3NQ

020 7343 1800

[www.ymcaawards.co.uk](http://www.ymcaawards.co.uk)

# YMCA Level 3 Diploma in Exercise Referral (603/3103/3)

## Learner Assessment Record

Qualification number: (603/3103/3)

Operational start date: 1 May 2018

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Level 3 Diploma in Exercise Referral (603/3103/3) Learner Assessment Record | Version 1.1

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# Introduction

## About YMCA Awards

YMCA Awards is the UK's leading health and fitness specific awarding body and is a trusted name that enjoys widespread respect within the fitness industry. YMCA Awards qualifications are designed for people taking their first steps in the health and fitness industry or for those already working in the industry wishing to progress their careers. YMCA Awards has been responsible for over 200,000 people launching or progressing their careers.

As an internationally recognised organisation, YMCA Awards has a number of study options available including full time or part time, distance learning and progressive study routes. This variety ensures that there will be a study option that is right for you and which will enable you to increase your knowledge, gain new skills and develop your career. All of YMCA Awards' proven and established resources and assessment materials have been developed by leading industry experts in consultation with employers and training providers.

For more information, visit [www.ymcaawards.co.uk](http://www.ymcaawards.co.uk).

## Learner Assessment Record (LAR)

Your learner assessment record is designed to support the assessment of your YMCA Awards Level 3 Diploma in Exercise referral. It contains all the paperwork that you, your tutor and your assessor need in order to complete the 6 units.

You will share the learner assessment record with your tutor and assessor, who will use the paperwork contained within to assess you throughout the duration of your training. This document is an essential part of your assessment and should be kept safe. Your tutor and assessor will guide you as to which forms you need at particular times, as well as how they should be used and completed.

## Qualification structure

To achieve your YMCA Level 3 Diploma in Exercise referral, you must complete the following 6 units:

Unit reference number	Unit title	Level	Credits
Y/503/7493	Professional practice for exercise referral instructors	3	2
R/503/7492	Understanding medical conditions for exercise referral	4	7

D/503/7494	Planning exercise referral programmes with patients	3	8
L/503/7491	Instructing exercise with referred patients	3	9
A/616/4747	Applied Anatomy and Physiology	3	5
L/616/4753	Nutrition to support physical activity	3	5

You will gain 36 credits.

The total qualification time (TQT) for this qualification is 367.

The total guided learning hours (GLH) for this qualification are 230.

# Assessment specification

There are 14 assessment elements across the 6 units.

## Assessment element 1 – Worksheet

You will be required to complete the 'Professional practice for exercise referral instructors' worksheet. The worksheet needs to be fully completed for all questions, with sufficient detail provided to demonstrate knowledge and understanding.

Paperwork that relates to this assessment element:

- 'Professional practice for exercise referral instructors' worksheet

## Assessment element 2 – Medical conditions tables (x5)

You will be required to successfully complete 5 Medical conditions tables, under closed book/ invigilated conditions.

The conditions will be will be selected by your assessor at the time of your assessment and will be chosen from the following:

Hypertension	Hypercholesterolemia	Asthma	Obesity	Type 1 Diabetes
Type 2 Diabetes	Simple mechanical back pain	Rheumatoid arthritis	Osteoporosis	Depression
Stress	Chronic Obstructive Pulmonary Disease	Anxiety	Osteoarthritis	Joint replacement

Important note:

To successfully complete each medical condition table, you must supply sufficient evidence to demonstrate comprehensive understanding against ALL of the criteria, so therefore **full and comprehensive answers must be given**

Paperwork that relates to this assessment element:

- Medical conditions tables (x5)

## Assessment element 3 – Activity guidelines tables (x5)

You will be required to successfully complete 5x Activity guidelines tables, under closed book/ invigilated conditions.

The conditions will be selected by your assessor at the time of your assessment and will be chosen from the following:

Hypertension	Hypercholesterolemia	Asthma	Obesity	Type 1 Diabetes
Type 2 Diabetes	Simple mechanical back pain	Rheumatoid arthritis	Osteoporosis	Depression
Stress	Chronic Obstructive Pulmonary Disease	Anxiety	Osteoarthritis	Joint replacement

**Important note:**

To successfully complete each medical condition table, you must supply sufficient evidence to demonstrate comprehensive understanding against ALL of the criteria, so therefore **full and comprehensive answers must be given**

**Paperwork that relates to this assessment element:**

- Activity guidelines tables (x5)

**Assessment element 4 – worksheet**

You will be required to complete the ‘Planning exercise referral programmes with patients’ worksheet. The worksheet needs to be fully completed for all questions, with sufficient detail provided to demonstrate knowledge and understanding.

**Paperwork that relates to this assessment element:**

- ‘Planning exercise referral programmes with patients’ worksheet

**Assessment element 5 – consultation**

You will be required to complete a consultation with your exercise referral patient to gain sufficient information to complete the patient profile, offer advice and plan an appropriate activity/exercise programme for them.

**Suitable patient**

- You must select an exercise referral patient with whom you can work for sufficient time to enable you to gather information to plan, agree, deliver and adapt their programme as necessary.
- In the event that a real patient cannot be found, a theoretical patient may be used.
- The patient must have minimum of 2 conditions from the table below:



Hypertension	Hypercholesterolemia	Asthma	Obesity	Type 1 Diabetes
Type 2 Diabetes	Simple mechanical back pain	Rheumatoid arthritis	Osteoporosis	Depression
Stress	Chronic Obstructive Pulmonary Disease	Anxiety	Osteoarthritis	Joint replacement

However care must be taken to ensure that the selected patient does not possess 2 conditions which make them high risk or outside the scope of practice for a Level 3 exercise referral instructor.

(See: Professional practice for exercise referral instructors (Y/503/7493) 'principles of risk stratification in exercise referral')

### Information required

As a minimum you must obtain the following information from your patient

Referral form	Physical activity history	Current fitness level
Transfer of medical information documentation	Physical activity preferences	Stage of readiness
Medical and surgical history	Motivation and barriers to participation	Personal and behavioural goals
Medications		Physical measurements

### Advice and planning

You should use the information gathered to discuss and agree short, medium and long-term goals appropriate to the patient's needs and medical conditions for at least 3 of the following aspects:

Medical management	General health and fitness	Physiological
Psychological	Lifestyle	Social
Functional ability		

## Preparation

It is advised that you prepare notes prior to consulting with the patient. These notes may then be used during the consultation as a guide to help ensure that you include the following criteria within your consultation:

- Establishing a rapport with patients
- Explaining own role and responsibilities to patients
- Explaining when you are required to involve others in goal setting and when it might be appropriate to share the programme with other professionals
- Collecting the information needed to plan an exercise referral programme using methods appropriate to the patients and their condition/s and recording it using appropriate formats in a way that will aid analysis
- Showing sensitivity and empathy to patients and the information they provide
- Treating confidential information correctly
- Working with patients to agree short, medium and long-term goals appropriate to their needs
- Explaining how to include physical activities to complement exercise sessions
- Explaining the use of specific, measurable, achievable, realistic and time bound (SMART) objectives within in an exercise referral programme
- Explaining to patient a variety of training methods/activities which could be used to meet their goals
- Describing to patient a range of environments which could be suitable for the proposed activities
- Agreeing how to maintain contact with exercise referral patients between sessions and a timetable of sessions with patients
- Agreeing appropriate evaluation methods and review dates with patients
- Explaining the principles of informed consent
- Agreeing with patients their needs and readiness to participate
- Agreeing the demands of the programme with patients

Should you not cover any areas sufficiently, supplementary questioning may be used.

### Paperwork that relates to this assessment element:

- Patient consultation form
- Patient consultation checklist
- Supplementary questions record.

## Assessment element 6 – exercise referral programme

Following the consultation you need to write a structured exercise referral programme which:

- identifies the resources required, including the use of environments not designed for exercise
- plans specific outcome measures, stages of achievement and exercises/physical activities which are:
  - appropriate to the patient's medical condition/s, goals and level of fitness
  - consistent with accepted good practice
- ensures that the appropriate components of fitness are built into the programme
- applies the principles of training which are appropriate to exercise referral patients and their conditions to help achieve short, medium and long-term goals
- describes/provides guidelines regarding any equipment which may be used

### Length of programme

Since further assessment elements require you to monitor the patient's progress and adapt this programme where necessary, it is recommended that this plan lasts a minimum of 4 weeks.

Paperwork that relates to this assessment element:

- Exercise referral programme
- Exercise referral programme assessment checklist

## Assessment element 7 – review

You should arrange to review the programme with the patient after approximately 4 weeks.

This may be done either remotely or face to face by completion of the patient review questionnaire.

### Patient review questionnaire

Prior to submitting the questionnaire to the patient you should complete the sections which state:

- the reason why they are requesting the review
- a minimum of 4 of the current programme's goals.

### Programme review

Upon receipt of a completed questionnaire you should then monitor the patient's responses, consider any actions which you feel are necessary or appropriate and:

- detail your recommendations on the patient review questionnaire
- complete the 'Adaptations to programme' record accordingly
- give motivational feedback to the patient.

Paperwork that relates to this assessment element:

- Patient review questionnaire
- Adaptations to programme
- Patient review assessment checklist

### Assessment element 8 – letter to a healthcare professional

You must compose a letter to a healthcare professional informing them of their patient’s progress in meeting the pre-planned goals.

Paperwork that relates to this assessment element:

- Letter to a healthcare professional assessment checklist

### Assessment element 9 – session plan

You must produce a session plan for an exercise referral patient which will then be used for the purpose of observed assessment.

#### Suitable patient (note: see also element 5)

Ideally you should use the same exercise referral patient with whom you have worked to date; however in the event that they are unavailable, a hypothetical patient may be used.

The patient (real or theoretical must have minimum of 2 conditions from the table below

Hypertension	Obesity	Rheumatoid arthritis	Anxiety
Hypercholesterolemia	Diabetes type 1	Osteoporosis	Simple mechanical back pain
Chronic obstructive pulmonary disease	Diabetes type 2	Depression	Joint replacement
Asthma	Osteoarthritis	Stress	

However care must be taken to ensure that the selected patient does not possess 2 conditions which make them high risk or outside the scope of practice for a Level 3 exercise referral instructor.

(see: Professional practice for exercise referral instructors (Y/503/7493) ‘principles of risk stratification in exercise referral’)

#### Session plan

This plan must only be based upon your own area of expertise, for instance:

- circuit training
- gym
- exercise to music
- water-based exercise
- walking
- Pilates
- yoga

It should adhere to the planning guidelines contained within this unit and contain details of:

- patient's medical condition(s)
- purpose of session
- environment/equipment required
- proposed activities/exercises
- methods of monitoring
- adaptations
- progressions/regressions
- components of session (warm up, main component, cool down).

Paperwork that relates to this assessment element:

- Session plan
- Session plan assessment checklist

### Assessment element 10 – observation

You will be required to instruct a patient through your pre-planned session plan, following which you will conduct a patient feedback session and explain to your assessor how this information could be used to improve your own personal practice.

Paperwork that relates to this assessment element:

- Observation assessment checklist

### Assessment element 11 – worksheet

You will be required to complete the 'Instructing exercise referral programmes with patients' worksheet. The worksheet needs to be fully completed for all questions, with sufficient detail provided to demonstrate knowledge and understanding.

Paperwork that relates to this assessment element:

- 'Instructing exercise referral programmes with patients' worksheet

## Assessment element 12 – multiple choice theory paper

This assessment element is a combined assessment used to assess your recall knowledge (knowledge you are required to remember) for the following units:

- Applied anatomy and physiology unit (A/616/4747)
- Nutrition to support physical activity unit (L/616/4753)

The paper is a multiple choice theory paper set by YMCA Awards comprising 2 sections

- Section 1 of the paper (20 questions) will relate to the syllabus for unit 1 (Applied Anatomy and Physiology A/616/4747)
- Section 2 of the paper (10 questions) will relate to the syllabus for unit 5 (Nutrition to support physical activity L/616/4753)

The entire paper therefore comprises 30 questions and the total time allocation is 45 minutes.

Each question will be worth 1 mark and each section is marked separately

- You must achieve a minimum of 14 marks (70%) to pass section 1 Applied anatomy and physiology unit (A/616/4747)
- You must achieve a minimum of 7 marks (70%) to pass section 2 Nutrition to support physical activity unit (L/616/4753).

Should you not obtain sufficient marks to pass of the sections then you need only re-sit that section

- Time for Section 1 ONLY is 30 mins
- Time for Section 2 ONLY is 15 mins

[Paperwork that relates to this assessment element:](#)

N/A

## Assessment element 13 – assessment workbook

This assessment element is a combined assessment for knowledge (covers learning outcomes for more than one unit)

There are two sections to this assessment workbook:

- **Section 1 covers research knowledge required for unit 1** (Applied Anatomy and Physiology A/616/4747)
- **Section 2 covers research knowledge required for unit 5** (Nutrition to support physical activity L/616/4753)

All questions must be answered correctly. The work must be your own and group completion is not allowed. This is an open book assessment and the questions refer to the content covered during your course. Information to aid completion will be delivered on course or via eLearning.

The assessment workbook is available in the following formats:

- Paper-based document (download and print)
- Y-Mark (auto-marking) via Moodle

You will be required to fully complete and pass each section – pass mark 100%.

#### Paperwork supplied:

Assessment workbook (separate document)

### Assessment element 14 – nutritional consultation

You will be required to demonstrate your ability to safely and effectively provide a nutritional consultation and interpret information to incorporate into a fitness programme.

To do this you will need a client. (CIMSPA best practice is that the client should not be a peer you're your course)

They must be 'apparently healthy' (ie. Do not require nutritional intervention from a doctor/dietician or nutritionist eg., diabetic, Crohn's disease, eating disorder), aged 16 + and be available for the task.

Although the Assessor need not be present during the consultation, you must fully complete all documentation supplied for this task.

You will be assessed against the learning outcomes detailed on

- Nutrition assessment record and feedback

Therefore, prior to assessment, you should make yourself familiar with the guidance in:

- Assessor and Learner guidance (Nutritional consultation)

**Knowledge questions** - The assessor will review the completed nutritional consultation record and then he or she may conduct a question and answer session with you to check understanding of the unit's learning outcomes. The assessor will set the questions. The assessor will record your answers on the knowledge question record.

#### Paperwork supplied:

- Assessor and Learner guidance (Nutritional consultation)
- Nutritional consultation template
- Knowledge questions template (if required)
- Nutrition assessment record and feedback (Assessor)

The remainder of the forms contained within this pack are explained below:

### **Assessment plan**

This document is designed to allow you and your assessor to plan your progress through the assessment components. You can use this to plan with your assessor and tutor when assessment activities will take place.

### **Assessor feedback sheet**

This form will be used by your assessor to record any feedback that you may be given. This form may be used at any stage in your learning to record feedback.

### **Supplementary questions record**

This form will be used by your assessor to record any questions that you may be asked and any responses you may give.

### **Summary of achievement**

This document is designed to record the outcomes of the assessment elements and any further action that may be required. For example, you may need to be re-assessed in a particular area. This form will also be signed by you to declare authenticity of work and by your assessor to indicate which of the units have been satisfactorily completed. This document should be kept in a safe place as it acts as evidence of your achievements



# Assessment plan

## YMCA Level 3 Diploma in Exercise Referral

Unit title	Element number	Evidence/assessment method	Date, time and place of assessment	Any reasonable adjustments negotiated
Professional practice for exercise referral instructors (Y/503/7493)	1	written worksheet		
Understanding medical conditions for exercise referral (R/503/7492)	2	written task (medical conditions table x5)		
	3	written task (activity guidelines table x 5)		
Planning exercise referral programmes with patients (D/503/7494)	4	written worksheet		
	5	written patient consultation sheet		
		observed or videoed consultation		
	6	written exercise referral programme		
	7	written, phone or skyped patient review		
	8	written letter to a healthcare professional		

Unit title	Element number	Evidence/assessment method	Date, time and place of assessment	Any reasonable adjustments negotiated
Instructing exercise with referred patients (L/503/7491)	9	written session plan		
	10	observed session delivery		
	11	written worksheet		
Applied Anatomy and Physiology (A/616/4747)	12	MCT Section 1		
	13	Y-Mark/Workbook Section 1		
Nutrition to support physical activity (L/616/4753)	12	MCT Section 2		
	13	Y-Mark/Workbook Section 2		
	14	Nutrition consultation		

**Learner's signature:** \_\_\_\_\_ **Learner's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Assessor's signature:** \_\_\_\_\_ **Assessor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**IQA's signature:** \_\_\_\_\_ **IQA's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Assessment element 1 – Written worksheet

Professional practice for exercise referral instructors (Y/503/7493)

## Worksheet

Learner's name: \_\_\_\_\_ Date: \_\_\_\_\_

List 2 roles of exercise referral within the fitness industry/health sector

a)

b)

Evaluate the general role of exercise in disease risk reduction and condition management

Outline 2 key aspects of government policies which relate to exercise referral schemes

a)

b)

Outline 2 key points from professional and operating standards which relate to exercise referral

a)	b)
----	----

Explain the roles and inter-professional boundaries of the following medical, health and fitness professionals in an exercise referral scheme

Position	Role/responsibilities	Boundaries
GP		
Health professional		
Scheme manager		
Scheme co-ordinator		
Exercise professional		

List 3 medical conditions which are outside your scope of practice and in each case state what action should be taken upon receipt

Medical condition	Action to be taken
a)	
b)	

c)	
List 3 examples of inappropriate referrals explaining your reasons for each	
Example of inappropriate referral	Reason
a)	
b)	
c)	
Give 3 reasons why it is important NOT to accept a patient who has been declined a referral for exercise from their medical practitioner or health professional	
a)	
b)	
c)	
Give 2 reasons why effective inter-professional communication is important	
a)	b)

Describe the 2 key roles of clinical commissioning groups

a)	b)
----	----

List 2 key health service documents/policies together with their impact on the health care system in relation to exercise referral

Document	Impact on the health care system in relation to exercise referral
a)	
b)	

Describe 4 actions to be conducted during an initial patient consultation with the exercise referral instructor

a)	c)
b)	d)

Describe 3 ways by which a patient's progress (or otherwise) is monitored during the programme, explaining how and when the data is obtained and its importance

Method of monitoring	How and when the data is obtained	Its importance
a)		

b)		
c)		
Outline the medico-legal responsibilities of an exercise referral instructor with regard to confidentiality and data protection		
Confidentiality		
Data protection		
Explain the meaning of validity and reliability in relation to measurement of techniques and outcomes		
Validity		
Reliability		
Explain 2 methods which can be used to evaluate the quality and reliability of evidence used in record keeping		
a)	b)	
Give 3 ways by which a patient's perception can be influenced during a consultation		
a)		

b)

c)

Describe 3 consultation methods

a)

b)

c)

What is meant by the term 'health behaviours'?

Describe the term 'locus of control'

Explain the use of 2 current risk stratification tools used in exercise referral



a)	b)
----	----

Final result  Pass  Refer

**Learner's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Assessor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IQA's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Assessment element 2 and 3 – Medical conditions table and Activity guidelines table

## Understanding medical conditions for exercise referral (R/503/7492)

### Medical conditions table

Learner's name: \_\_\_\_\_

Date: \_\_\_\_\_

Condition	
Pathophysiology including signs and symptoms (eg. factors/measurements that lead to diagnoses)	
How pathophysiology and signs and symptoms change as condition progresses	
Common modifiable / non modifiable causes (risk factors)	
Common drug treatments, their effects and side effects	

Possible surgical or therapeutic interventions			
All details sufficient YES / NO / Additional questions used	Assessor:		Date:

## Activity guidelines table

Learner's name: \_\_\_\_\_

Date: \_\_\_\_\_

Condition	
Lifestyle modifications that aid in condition management, and their associated benefits	
Benefits of exercise	
Risks associated with exercise	
Exercise guidelines and considerations	

All details sufficient YES / NO / Additional questions used	Assessor:		Date:
---	-----------	--	-------

Note: the following question need only be answered once

State 3 considerations for exercise when dealing with co-morbidities, giving an example of each

## Summary checklist

### Understanding medical conditions for exercise referral (R/503/7492)

Learner's name: \_\_\_\_\_

Date: \_\_\_\_\_

Assessor's name: \_\_\_\_\_

Date: \_\_\_\_\_

Key: ✓ = Pass Q (n) = Pass with additional questioning R = Refer

The learner requires a ✓ or Q against each criterion in order to pass.

The learner has:			outcome	
			initial assessment	re-assessment
MC1	Successfully completed a medical conditions table for each of the following 5 conditions			
AG1	Successfully completed an activity guidelines table for each of the following 5 conditions			
CM1	Described 3 considerations for exercise when dealing with co-morbidities			

Final result  Pass  Refer

Learner's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Assessor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

IQA's signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Assessment element 4 – Worksheet

## Planning exercise referral programmes with patients (D/503/7494)

### Worksheet

Learner's name: \_\_\_\_\_ Date: \_\_\_\_\_

Give 3 reasons why it is important for patients to understand the health benefits of structured exercise referral programmes

a)

b)

c)

Give 2 reasons for the importance of an exercise referral instructor working together with patients to agree goals, objectives, programmes and adaptations

a)

b)

Give 3 reasons why long-term behaviour changes are important in developing patients' health and fitness

a)

b)

c)

How can commitment to long-term change be encouraged?

List 5 pieces of patient information that should be obtained before designing an exercise referral programme

a)

d)

b)

e)

c)

List 2 methods of gathering patient information and state when each should be used

Methods

Usage

a)

b)

Explain how you would identify needs and goals from patient information

Needs

Goals

Short-term

Medium-term

Long-term

Explain 2 legal/ethical implications of collecting patient information

a)

b)

How can SMART objectives be built into an exercise referral programme to ensure that goals are met?

Explain what is meant by an 'absolute contraindication' to exercise and give 2 examples

Give 4 reasons why it is important to keep accurate records of any changes

a)

c)

b)

d)



Final result  Pass  Refer

**Learner's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Assessor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IQA's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Assessment element 5 – Consultation

Planning exercise referral programmes with patients (D/503/7494)

## Patient consultation form

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Information required from patient prior to consultation (please tick as appropriate)			
Referral form attached			
Transfer medical records attached			
Risk stratification records attached			
Medical and lifestyle information			
Medical and surgical history		Medications	
Physical activity history		Physical activity preferences	
Motivation and barriers to participation		Current fitness level	
Stage of readiness		Personal and behavioural goals	
Physical measurements			
Height		Weight	

Blood pressure		Heart rate	
BMI		Waist circumference	
Patient's short, medium and long-term goals			
Medical management	General health and fitness	Physiological	Psychological
Lifestyle	Social	Functional ability	
Patient signature (to confirm informed consent)			
Date:			

## Patient consultation observation form checklist

Learner's name: \_\_\_\_\_

Assessor's name: \_\_\_\_\_

Key: ✓ = Pass; C = Pass with comment; Q = Question; R= Refer.

The learner requires a ✓ or a C in every box in order to pass.

With the exception of C1, C5 C8, 13, 14, 16 and 17, questioning can be used where observed evidence is insufficient. The evidence obtained via patient consultation should be entered in column PC and via learner questioning in column LQ.

The learner has:		PC	LQ
<b>C1</b>	<b>established a rapport with patients</b>		
<b>C2</b>	<b>explained own role and responsibilities to patients</b>		
<b>C3</b>	<b>explained when you are required to involve others in goal setting and when it might be appropriate to share the programme with other professionals</b>		
<b>C4</b>	<b>collected the information needed to plan an exercise referral programme using methods appropriate to the patients and their condition/s</b>		
<b>C5</b>	<b>showed sensitivity and empathy to patients and the information they provide</b>		
<b>C6</b>	<b>recorded the information using appropriate formats in a way that will aid analysis</b>		
<b>C7</b>	<b>treated confidential information correctly</b>		
<b>C8</b>	<b>worked with patients to agree short, medium and long-term goals appropriate to their needs</b>		
<b>C9</b>	<b>explained how to include physical activities to complement exercise sessions</b>		
<b>C10</b>	<b>explained to the patient what is meant by SMART goal setting and how this will help meet their objectives</b>		
<b>C11</b>	<b>described to patient a range of environments which could be suitable for the proposed activities</b>		
<b>C12</b>	<b>agreed how to maintain contact with exercise referral patients between sessions</b>		
<b>C13</b>	<b>agreed a timetable of sessions with patients</b>		
<b>C14</b>	<b>agreed appropriate evaluation methods and review dates with patients</b>		

<b>C15</b>	<b>explained the principles of informed consent</b>		
<b>C16</b>	<b>agreed with patients their needs and readiness to participate</b>		
<b>C17</b>	<b>agreed the demands of the programme with patients</b>		

Final result     Pass     Refer

**Learner's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Assessor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IQA's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Assessment element 5 – Exercise referral programme

Planning exercise referral programmes with patients (D/503/7494)

## Exercise referral programme

**Patient's name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Learner's name:** \_\_\_\_\_ **Learner's signature** \_\_\_\_\_

Week no:		
Recommended exercise/activity (1)	Recommended exercise/activity (2)	Recommended exercise/activity (3)
Description of environment	Description of environment	Description of environment
Safety/environmental considerations (1)	Safety/environmental considerations (2)	Safety/environmental considerations (3)
Frequency	Frequency	Frequency
Intensity	Intensity	Intensity
Time	Time	Time

Weekly goal(s)

Description of any equipment to be used:

## Patient exercise guidelines assessment checklist

**Learner's name:** \_\_\_\_\_

**Assessor's name:** \_\_\_\_\_

Key: ✓ = Pass C = Pass with comment R= Refer

The learner requires a ✓ or C against each criteria in order to pass.

The learner has:		outcome	
		initial assessment	re-assessment
<b>G1</b>	<b>planned specific outcome measures, stages of achievement and exercises/physical activities that are appropriate to patients' medical condition/s, goals and level of fitness consistent with accepted good practice</b>		
<b>G2</b>	<b>ensured appropriate components of fitness are built into the programme</b>		
<b>G3</b>	<b>applied the principles of training which are appropriate to exercise referral patients and their condition/s to help achieve short, medium and long term goals</b>		
<b>G4</b>	<b>described a range of resources required to deliver exercise referral programmes for individuals and groups, including:</b> <ul style="list-style-type: none"> <li>• environment for the session</li> <li>• portable equipment</li> <li>• fixed equipment</li> </ul>		

Final result     Pass     Refer

**Learner's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Assessor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IQA's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Assessment element 7 – Patient review

## Planning exercise referral programmes with patients (D/503/7494)

### Patient review questionnaire

**Patient's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Learner's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Reason for review (to be completed by the instructor)

Question for the patient	Patient response	Details of any action to be taken (to be completed by the instructor)
1. How easy has it been to find time to follow the exercise programme?		
2. Would you like me to change any of the activities I have suggested?		

3. Have there been any significant changes in your lifestyle since we last spoke, if so please give details?		
Question for the patient	Patient response	Details of any action to be taken (to be completed by the instructor)
4. Please tell me how close you feel you are to achieving each of the following goals which we set (Goals to be inserted by the instructor)		
a)		
b)		
c)		

d)		
Question for the patient	Patient response	Details of any action to be taken (to be completed by the instructor)
5. Which of the exercises do you feel are most challenging?		
6. Which of the exercises do you feel are the least challenging?		
7. Please indicate any activities, resources or environments you would like to be changed from those originally agreed?		

8. I am planning to introduce some adaptations to your current programme

Do you have any objections?

(please give details)

## Adaptations to programme

**Patient's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Learner's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Learner to patient feedback:

Week no:		
Recommended exercise/activity (1)	Recommended exercise/activity (2)	Recommended exercise/activity (3)
Description of environment	Description of environment	Description of environment
Safety/environmental considerations (1)	Safety/environmental considerations (2)	Safety/environmental considerations (3)
Frequency	Frequency	Frequency
Intensity	Intensity	Intensity
Time	Time	Time
Weekly goal(s)		
Description of any equipment to be used:		

## Patient review assessment checklist

Learner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assessor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Key: ✓ = Pass C = Pass with comment R= Refer

The learner requires a ✓ or C against each criteria in order to pass.

The learner has:		outcome	
		initial assessment	re-assessment
A1	monitored patients' progress using appropriate methods		
A2	explained the purpose of reviewing progress to patients		
A3	kept an accurate record of reviews and their outcome		
A4	recorded changes to programme plans to take account of adaptations		
A5	monitored the effectiveness of adaptations and updated the programme as necessary		
A6	monitored integration of exercise referral programme and wider physical activity (see review questionnaire Q1)		
A7	provided alternatives to the programmed exercises/physical activities if patients cannot take part as planned (see review questionnaire Q2)		
A8	reviewed short, medium and long-term goals with patients at agreed points in the programme, taking into account any changes in circumstances (see review questionnaire Q3)		
A9	encouraged patients to give their own views on progress (see review questionnaire Q4)		
A10	used suitable methods of evaluation that will help to review patient progress against goals and initial baseline data (see review questionnaire Q4)		
A11	identified goals and exercises/physical activities that need to be redefined or adapted (see review questionnaire Q5 and Q6)		
A12	identified and agreed any changes to resources and environments with the patient (see review questionnaire Q7)		
A13	provided alternatives to the programmed exercises/physical activities if patients cannot take part as planned (see review questionnaire Q7)		
A14	introduced adaptations in a way that is appropriate to patients, their needs and medical conditions (see review questionnaire Q8)		

<b>A15</b>	<b>gave feedback to patients during their review that is likely to strengthen their motivation and adherence</b>		
<b>A16</b>	<b>agreed adaptations, progressions or regressions to meet patients' needs to optimise achievement (see review questionnaire Q8)</b>		
<b>A17</b>	<b>agreed review outcomes with patients and other professionals where necessary (see review questionnaire Q8)</b>		

Final result     Pass     Refer

**Learner's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Assessor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IQA's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Assessment element 8 – Letter to healthcare professional

Planning exercise referral programmes with patients (D/503/7494)

## Letter to a healthcare professional assessment checklist

**Learner's name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Assessor's name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Key: ✓ = Pass C = Pass with comment R= Refer

The learner requires a ✓ or C in order to pass

The learner has written a letter to a healthcare professional communicating:	outcome	
	initial assessment	re-assessment
appropriate information		
using accurate language		

Final result  Pass  Refer

**Learner's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Assessor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IQA's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Assessment element 9 – Session plan

Instructing exercise with referred patients (L/503/7491)

## Session plan

Patient's name: \_\_\_\_\_

Learner's name: \_\_\_\_\_ Date: \_\_\_\_\_

Condition 1		Condition 2	
Purpose of session:		Resources required:	
	Exercise/activity	Safety points	Adaptations/progressions
Warm up			
Main session			
Cool down			

## Session plan checklist

**Learner's name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Assessor's name:** \_\_\_\_\_ **IQA's name:** \_\_\_\_\_

Key: ✓ = Pass C = Pass with comment R= Refer

The learner requires a ✓ or C in order to pass

The learner has:	outcome	
	initial assessment	re-assessment
selected a range of exercises/physical activities to help patients achieve their objectives and goals		

Final result  Pass  Refer

**Learner's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Assessor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IQA's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Assessment element 10 – Observed session delivery

Instructing exercise with referred patients (L/503/7491)

## Observation checklist

Learner's name: \_\_\_\_\_ Date: \_\_\_\_\_

Assessor's name: \_\_\_\_\_ IQA's name: \_\_\_\_\_

Condition 1:    Condition 2:

Key: ✓ = Pass C = Pass with comment R= Refer

The learner requires a ✓ or C against each criteria in order to pass.

The learner has:		outcome	
		initial assessment	re-assessment
I1	obtained and prepared the resources required for the planned exercises/physical activities		
I2	explained to the patient how the proposed exercises/physical activities will support their goals and are appropriate to their condition		
I3	re-assured patient that all the planned exercise/physical activities will be closely monitored and that they be progressed or regressed as required		
I4	sought patient's 'informed consent' to partake in proposed activity session, negotiating and addressing any requested changes/modifications		
I5	recorded any negotiated changes to session prior to its commencement		
S1	used the environment safely and effectively		
S2	used teaching positions which were suitable for precise analysis of the patients performance		
S3	ensured that any required correction to patient's technique were carried out timely and effectively		
S4	monitored and modified the intensity of exercise to suit patient and their condition		

S5	progressed or regressed exercises according to patient's performance		
S6	used verbal and visual methods to clarify patient's understanding of exercise requirements and encourage their independence		
S7	used motivational styles which were appropriate to client and provided any advice in a non-judgmental manner		
S8	allowed sufficient time for the closing phase of the session		
S9	explained the purpose and value of cool-down activities to patient		
S10	Conducted a cool-down appropriate to the type and intensity of physical exercise, patient needs and environment		
F1	provided patients with feedback and positive reinforcement		
F2	explained to patients how their progress links to their goals and why this is important		
F3	allowed patients the opportunity to ask questions and discuss their performance		
F4	informed patients about future opportunities for exercise and physical activity and why they are important		
F5	identified: how well the sessions met patients' goals how effective and motivational the relationship was with patients how well the instructing styles matched patients' needs		

**Mandatory question (may be asked orally by the assessor, or written)**

How would you use the information you obtained during your patient feedback session to improve your personal practice?

Learner response:

Final result     Pass     Refer

**Learner's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Assessor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IQA's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Assessment element 11 – Written worksheet

Instructing exercise with referred patients (L/503/7491)

## Worksheet

Learner's name: \_\_\_\_\_

1. Give 2 reasons why it is important to use both verbal and non-verbal communication methods when instructing patients?

a)

b)

2. Give 2 ways in which you could adapt your communication methods to suit a patient

a)

b)

3. Describe 2 methods of maintaining a patient's motivation when they are finding exercises difficult and explain why they are effective

a)

b)

4. Give 2 reasons why it is important to correct a patient's technique

a)

b)

5. Why it is important to monitor individual progress if more than one patient is involved in the session?

6. Describe 3 methods of monitoring patients' progress during group exercise

a)

b)

c)

7. Give 2 reasons why it may be necessary to adapt planned exercises to meet patients' needs

a)

b)

8. Give an example of how you might adapt an exercise/exercise position for a patient whose blood pressure was lower than normal

9. Give an example of how you might adapt an exercise/exercise position when space is more limited than planned

10. Describe 3 ways to increase the intensity and 3 ways to decrease the intensity of exercise

Methods of increasing intensity

Methods of decreasing intensity

a)

a)

b)

b)

c)

c)

11. Give 3 reasons why exercise referral instructors should give their patient(s) feedback on their performance during a session

a)

b)

c)

12. Give 2 reasons why it is important to give patients the opportunity to ask questions and discuss their performance

a)

b)

13. How can a patient be given feedback on their performance in such a way that it remains accurate whilst maintaining patient motivation/commitment?

Final result  Pass  Refer

**Learner's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Assessor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IQA's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Assessment element 14 – Nutrition consultation

## Nutrition to support physical activity (L/616/4753)

### Nutritional consultation

#### Assessor and Learner guidance (Nutritional consultation)

The learner must:	The Assessor must:
<p>Demonstrate their ability to safely and effectively provide a nutritional consultation and interpret information to incorporate into programme design</p> <p>Paperwork required:</p> <ul style="list-style-type: none"> <li>Nutritional consultation template</li> </ul>	<p>The Assessor is not required to observe this task</p> <p>Ensure that, during the completion of this task the learner meets all the learning outcomes on the supplied record. Once a decision has been made the assessor must check the descriptor for a 'pass' below for each learning outcome and give clear feedback on how they made their assessment decision in the space provided</p>

#### Learning Outcomes. Nutritional consultation template

The learner must:

##### **N1 Identify and collect information that needs to be collected to offer nutritional advice to clients within scope of practice**

The learner identifies goals of the client, general physical activity levels, food likes and dislikes, any allergies, any cultural or religious food restrictions, timing of food intake, quantity of food intake, specific macronutrient content, any additional supplementation, any medication being, water, caffeine and alcohol intake.

##### **N2 Apply methods of and analysing nutritional intake and body composition suitable for use with their clients in relation to their current status, needs and preferences**

The learner utilises methods, relevant to client need, such as the use of manual diaries, digital diaries, conducting skinfold measurements (callipers or digital) with assessment against normative data chart.

##### **N3 Recognises how to interpret collected information so that client's needs and nutritional goals could be identified with reference to current government healthy eating guidelines and evidence-based recommendations from credible sources**



The learner interprets information with reference to, for example to the UK national eat well guide, guidelines for the daily amounts for energy, recommended daily intake (RDI), recommended daily allowance (RDA), UK dietary reference values (DRV) and with use of the Schofield calculation.

**N4 Analyses and interprets information gained from methods used to assess body composition and health risk in relation to weight**

The learner uses body fat percentage norm charts (ACSM), skinfold data tables etc. to interpret information

**N5 Highlights if the client should be referred to a GP**

If the client displays signs of an eating disorder, malnutrition (through poor absorption), food allergies; or if the client requested a specialised diet falling outside of the learner's expertise then they refer them to the client's GP.

**N6 Records information about the client and their nutritional goals in an approved format (digital or otherwise)**

Results given to client with sensitivity where appropriate

**N7 Designs and agrees nutritional goals that are compatible with the analysis, accepted good practice and national guidelines**

The learner uses a variety of tools/methods to analyse collected information, including nutritional needs and preferences in relation to the client's current status and nutritional goals

**N8 Ensures that the nutritional goals support and integrate with other programme components**

The learner ensures that the nutritional goals suggested are suitable with the required activity levels demanded by the physical activity programme

**N9 Agrees review points with the client**

N10 Reviews the client's understanding of how to follow the nutritional advice as part of their physical activity programme

**N11 Monitors, evaluates and reviews the client's progress towards their nutritional goals**

## Nutritional consultation template

Learner's name: \_\_\_\_\_ Date: \_\_\_\_\_

Client's name: \_\_\_\_\_

Client profile			
Gender:	Age:	Height:	Weight:
BMI	Body composition (body fat)	Health status	
Description of lifestyle, to include: family, occupation, hobbies etc.			
Description of present exercise and physical activity levels (apply FITT where appropriate).		Description of past exercise and physical activity levels (apply FITT where appropriate).	

Exercise and physical activity likes and dislikes:

Likes:

Dislikes:

BMR calculation (please show the whole calculation):

Approximate daily kcal requirement:

(based on current activity levels, body composition and by calculating BMR and adding physical activity factor)

Any other comments:

Based on the client's food diary using the template included here (or can devise your own version which may be digital) and other information gathered from the client, complete the nutritional profile and analysis section. Please include a copy of the client's food diary with this analysis.

The following food diary needs to be completed by the client for a minimum of 7 days.

Day and time	Food and drink	Portion size or weight

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clients nutritional likes and dislikes

Likes:

Dislikes:

Analysis of the client's eating habits

Analysis of the client's current nutritional intake in relation to quantity (number of portions eaten daily and portion size) and nutritional quality of their diet compared to healthy eating guidelines.

Provide a rationale for your analysis in terms of health status. Note if there are any concerns which lead you to believe the client should be referred to their GP.

Empty space for writing the analysis and rationale.

Based on the information gathered from the client and the analysis of this information agree short, medium and long-term SMART (nutritional and exercise/activity) goals with the client.

SMART goals

Short-term

Empty space for writing SMART goals.

Agreed review points:

Empty space for writing agreed review points.

Medium-term

Agreed review points:

Long-term

Agreed review points:

I agree with the above goals and review points and understand the advice I have been given.

**Client's signature:**

\_\_\_\_\_

**Date:**

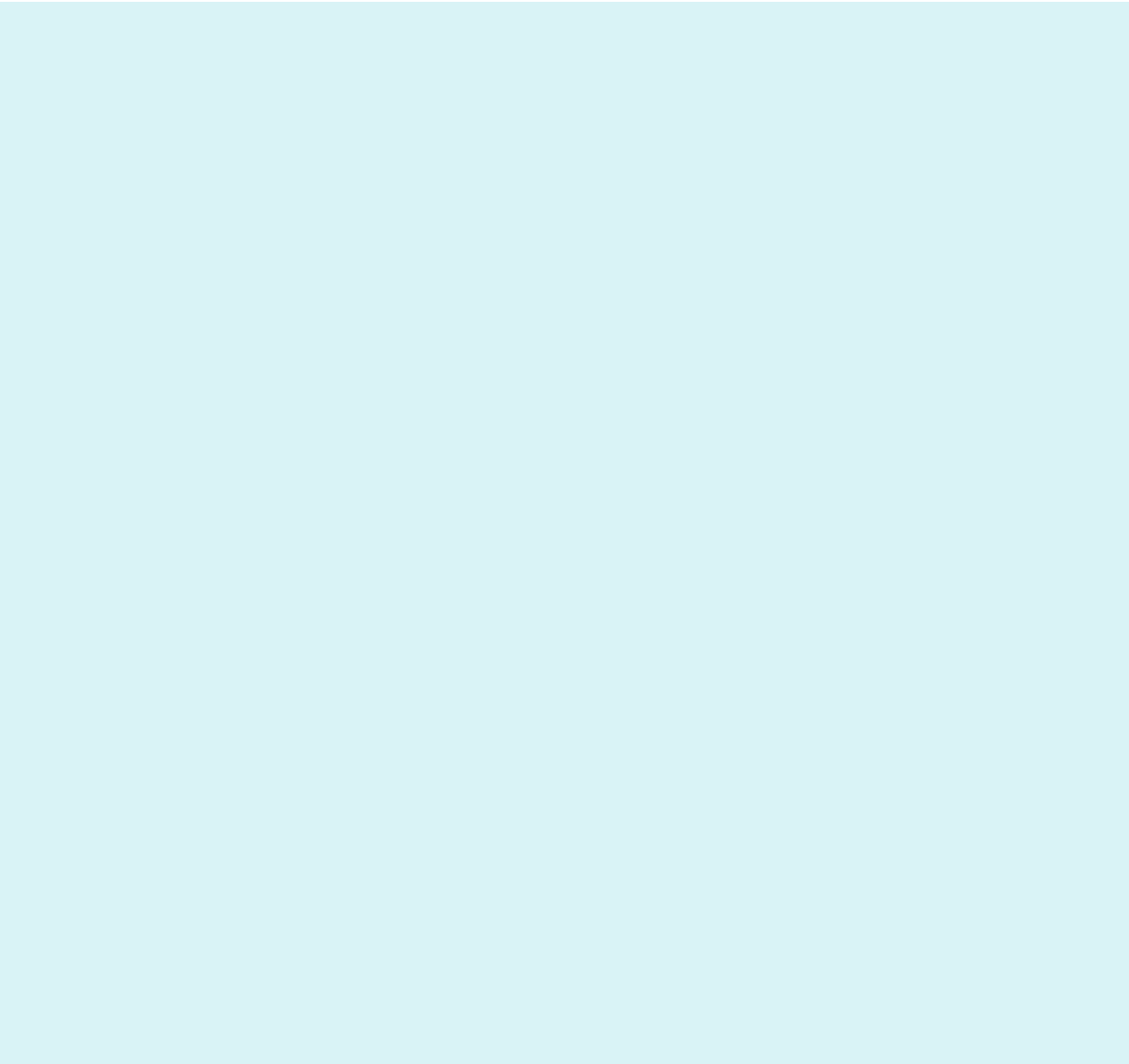
\_\_\_\_\_

Based on the information you have gathered from your client, your analysis and agreed goals, provide a nutritional and exercise/activity plan that will help your client achieve their goals.

Identify 2 sources of educational information(evidence based) that you will access and make use of with your client and describe how these will help your client achieve their goals		
	Source of information	How it will help the client achieve their goals
a)		
b)		
Outline of nutritional changes required		Why these changes will help your client achieve their goals



Overview of proposed exercise and physical activity plan aligned to the agreed nutritional changes and goals (applying FITT where appropriate)



### Short-term nutritional goal review

Review the short-term goals (see the goal setting section for review timescale) and evaluate your client's understanding of the nutritional advice and how it links to the exercise/physical activity plan. Evaluate their progress and suggest any changes that might be needed as a result of this review.

Review of client's understanding and feedback from the client about the plan

Negotiated changes to the nutritional goals and/or exercise/physical activity plan

I can confirm that I have worked with a client and that the information given in this case study is authentic.

**Learner's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Assessor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**IQA's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Nutrition assessment record and feedback (Assessor)

Learner's name: \_\_\_\_\_ Date: \_\_\_\_\_

Assessor's name: \_\_\_\_\_ IQA's name: \_\_\_\_\_

Nutritional consultation - the learner:

**N1: identified and collected information that needs to be collected to offer nutritional advice to clients within scope of practice**

**N2: applied methods of and analysing nutritional intake and body composition suitable for use with their clients**

**N3: recognised how to interpret collected information so that client's needs and nutritional goals could be identified with reference to current government healthy eating guidelines and evidence-based recommendations**

**N4: interpreted information gained from methods used to assess body composition and health risk in relation to weight**

**N5: highlighted if the client should be referred to a GP**

**N6: recorded information about the client and their nutritional goals in an approved format (digital or otherwise)**

**N7: designed and agreed nutritional goals that are compatible with the analysis, accepted good practice and national guidelines**

**N8: ensured that the nutritional goals support and integrate with other programme components**

**N9: agreed review points with the client**

**N10: reviewed the client's understanding of how to follow the nutritional advice as part of their physical activity programme**

**N11: monitored, evaluated and reviewed the client's progress towards their nutritional goals**

Date	Outcome	Date	Re-Assessment

Assessor feedback as to how the learner met the outcomes above (reference using N1 to N15):

Knowledge questions required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Ref no (if applicable)	
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Final result  Pass  Refer

# Assessor feedback sheet

Learner's name: \_\_\_\_\_

Criterion number	Feedback

Learner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assessor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

IQA's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Supplementary questions record

Learner's name: \_\_\_\_\_

Assessor's name: \_\_\_\_\_

Assessor's question	Learner's response

Learner's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Assessor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

IQA's signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Summary of achievement

## YMCA Level 3 Diploma in Exercise Referral

Learner's name: \_\_\_\_\_ Date: \_\_\_\_\_ Centre name: \_\_\_\_\_

Assessor's name: \_\_\_\_\_ IQA's name: \_\_\_\_\_

Unit title	Element number	Evidence/assessment method	Assessment outcome			Assessor signature/date	Action plan / evidence for exemption	Re-Assessment outcome			Assessor signature/date	Assessor's signature for sign off
Professional Practice for Exercise Referral Instructors (Y/503/7493)	1	Written worksheet	P	R	E			P	R	E		
IQA's (signature if sampled)						EQA's signature (if sampled)						
Unit title	Element number	Evidence/assessment method	Assessment outcome			Assessor signature/date	Action plan / evidence for exemption	Re-Assessment outcome			Assessor signature/date	Assessor's signature for sign off
Understanding Medical Conditions for Exercise Referral (R/503/7492)	2	written task (medical conditions table x5)	P	R	E			P	R	E		
	3	written task (activity guidelines table x 5)	P	R	E			P	R	E		
IQA's (signature if sampled)						EQA's signature (if sampled)						

Unit title	Element number	Evidence/assessment method	Assessment outcome			Assessor signature/date	Action plan / evidence for exemption	Re-Assessment outcome			Assessor signature/date	Assessor's signature for sign off
Planning exercise referral programmes with patients (D/503/7494)	4	Worksheet	P	R	E			P	R	E		
	5	Patient consultation	P	R	E			P	R	E		
	6	Patient exercise guidelines	P	R	E			P	R	E		
	7	Patient review	P	R	E			P	R	E		
	8	Letter to a healthcare professional assessment	P	R	E			P	R	E		
IQA's (signature if sampled)							EQA's signature (if sampled)					



Unit title	Element number	Evidence/assessment method	Assessment outcome			Assessor signature/date	Action plan / evidence for exemption	Re-Assessment outcome			Assessor signature/date	Assessor's signature for sign off
Instructing exercise with referred patients (L/503/7491)	9	Session plan	P	R	E			P	R	E		
	10	Observed assessment	P	R	E			P	R	E		
	11	Worksheet	P	R	E			P	R	E		
IQA's (signature if sampled)							EQA's signature (if sampled)					

Unit title	Element number	Evidence/assessment method	Assessment outcome			Assessor signature/date	Action plan / evidence for exemption	Re-Assessment outcome			Assessor signature/date	Assessor's signature for sign off
Applied Anatomy and Physiology (A/616/4747)	12	MCT <i>Section 1</i>	P	R	E			P	R	E		
	13	Y-Mark/Worksheet <i>Section 1</i>	P	R	E			P	R	E		
IQA's (signature if sampled)							EQA's signature (if sampled)					

Unit title	Element number	Evidence/assessment method	Assessment outcome			Assessor signature/date	Action plan / evidence for exemption	Re-Assessment outcome			Assessor signature/date	Assessor's signature for sign off	
			P	R	E			P	R	E			
Nutrition to support physical activity (L/616/4753)	12	MCT <i>Section 2</i>	P	R	E			P	R	E			
	13	Y-Mark/Worksheet <i>Section 2</i>	P	R	E			P	R	E			
	14	Nutritional consultation	P	R	E			P	R	E			
		IQA's (signature if sampled)								EQA's signature (if sampled)			

### YMCA Level 3 Diploma in Exercise Referral (600/4731/8)

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

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

Assessor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

IQA's signature: \_\_\_\_\_ Date: \_\_\_\_\_



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