

Group Fitness Assessment and Attestation (A&A) form

Indoor cycling class



Active Careers through
On-Job Qualifications

Transition assessment from the:

National Certificate in Fitness (Group Fitness Instruction) (Level 3) [Ref: 1319]

to the:

New Zealand Certificate in Fitness (Group Fitness) (Level 3) – Freestyle strand [Ref: 1857]

What is this?

The *National Certificate in Fitness (Group Fitness Instruction) (Level 3)* has expired, so we have created a pathway to transfer you to an equivalent New Zealand Certificate. There are some small differences between these qualifications so this short assessment and attestation (A&A) form covers the gaps for unit standards:

- 27711, Instruct an indoor Cycling class (v1) L3, C7
- 27718, Design and instruct a Freestyle class (v2) L3, C10
- 13382, Develop and teach a simple movement skill in a specified workplace (v3), L3, C2

What do I have to do?

1. Complete the assessment task about evaluating a group exercise class you have delivered (page 2).
2. Review the attestation form statements on page 3, and check if you have demonstrated all the skills required. If not, look for an upcoming opportunity to demonstrate these skills.
3. Once you are confident that you have demonstrated all of these skills, ask your Assessor or a senior person (eg Supervisor, Group Fitness Manager) who has seen you in your role as a Group Fitness Instructor to attest to your skills and experience. See notes on page 3 for who can sign this attestation form.
4. Send this completed booklet to your Assessor.
5. Use a new A&A form to repeat this process for each elective class type you would like to complete (eg Step, Free Weights etc).

Trainee information	
Full name	
Workplace	



1. Evaluate a class - *Indoor cycling*

Trainee instructions

This assessment requires you to think about and evaluate a recent **group fitness indoor cycling** class you planned and instructed. **Note:** this task can be assessed through conversation as long as it is recorded (notes on page, or audio file) and provided to your assessor.

Evaluation template

Class type		Date of class	
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Purpose of class (eg goal for participants)

Item	What was done well?	What I'd do differently next time?
Class structure, eg intro, warm up		
Sequence of movements and transitions		
Safety		

What feedback did you receive from the class participants?

Describe how your class met or didn't meet it's purpose

2. Group fitness instruction attestation form - *Indoor cycling*

Assessor or verifier instructions

1. This section must be completed by your assessor or a verifier.
2. The verifier must have two or more years experience in the specific class type of group fitness instruction being undertaken, or be your supervisor or manager.
3. The assessor or verifier has been asked to complete this form to attest to the skills of the trainee named. They must only sign the statements that they have observed.
4. If you are a verifier the assessor may contact you to verify this information.

Trainee name	
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I have known the trainee named above for _____ years and attest that they have demonstrated the following skills:

The trainee... (Please tick all that apply)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> pre-checks equipment before class in accordance with facility policy and procedure (eg straps, resistance, bike in good working order) <input type="checkbox"/> demonstrates correct cycle set up for participants <input type="checkbox"/> can modify movements for a range of contexts (eg different temperatures, environments) <input type="checkbox"/> can modify movements for a range of participant abilities <input type="checkbox"/> can anticipate and adapt routine or intensity levels (on the spot) to meet participant needs <input type="checkbox"/> demonstrates effective vocal quality and contrast, timing, and cueing <input type="checkbox"/> maintains both class and individual focus <input type="checkbox"/> adheres to workplace policy and procedures | <ul style="list-style-type: none"> <input type="checkbox"/> incorporates musical and movement expression in their routines, such as: <ul style="list-style-type: none"> • introductions • transitions • peaks and finales • humour <input type="checkbox"/> motivates participants using: <ul style="list-style-type: none"> • riding posture • hand positions • resistance correctly • technique modifications • poise and flair • strength and energy • rhythm, passion and grace |
|---|--|

Verifier (or assessor) to complete

Name		Signature	
Position and workplace			
Phone number		Date signed	

Once completed, please give/send this booklet to your assessor.

Assessment outcome

Please complete this form to record your assessment decision and report credits to Skills Active.

Trainee information																																											
Full name																																											
Workplace																																											
NZQA number OR Date of birth	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>						-																					-															
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Assessor statement

- I have assessed the evidence provided by the above trainee against the requirements in the Assessor Guide.

Assessment information				
Module	NC Fitness (GFI) to NZC Fitness (GF) (L3) Freestyle transition module - indoor cycling			
Qualification	New Zealand Certificate in Fitness (Group Fitness) (Level 3) – Freestyle			
Unit	Name	Level	Credit	Result
27718	Design and instruct a Freestyle class (v2)	3	10	
27711	Instruct an indoor Cycling class (v1)	3	7	
13382	Develop and teach a simple movement skill in a specified workplace (v3)	3	2	

Assessor information	
Full name	
Signature	
Date	

Please report these credits within one week of the trainee completing this assessment by one of the following options:

- online through your assessor portal Date reported: ____ / ____ / ____
- scan and email to info@skillsactive.org.nz

IMPORTANT: Return the original assessment to the trainee together with your feedback.

Store a copy of the assessment and this form in your assessor file for at least **two** years for moderation purposes.

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