

# AEROBICS / FITNESS INSTRUCTOR COURSE

## Job Attachment

### Form A

#### **PARTICULARS OF TRAINEE**

Name of Trainee :			
NRIC No. :			
Address :			
Contact No :	(H)	(O)	(Hp)
Attachment Period:		To :	
Course No. :		Course Period :	

#### **CHOICE OF CENTRE**

Name of Manager :	
Name of Centre :	
Address :	
Contact No. :	

#### **I wish to do my job attachment on the following days:**

<b>Days</b>	<b>Time (From)</b>	<b>Time (To)</b>

#### **Notes for trainees and mentor:**

1. Please return this Form A together with a photostated copy of your valid CPR certificate to your respective course provider. Any practical attachment done without CPR certification will be considered invalid.
2. Theory and Practical examination must be completed before taking the practical job attachment. Failing which, candidates will be considered to have dropped out and have to re-take the entire course to obtain certification.
3. The objective of the attachment programme is to provide practical training experience for trainees over the minimum stipulated period of 24 hours.
4. The attachment must be completed within 6 months of the announcement date of the examination results. After the 6 months period, candidates will be considered to have dropped out and will have to repeat the complete course if they wish to be certified as a fitness instructor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### Form B

#### **DAILY RECORD OF WORK EXPERIENCE**

(To be completed by the Trainee on a session-by-session basis)

Centre : \_\_\_\_\_ Trainee : \_\_\_\_\_  
Name of Client : \_\_\_\_\_ Age : \_\_\_\_\_ Sex : \_\_\_\_\_  
Date : \_\_\_\_\_ Time From: \_\_\_\_\_ To : \_\_\_\_\_

<b>TRAINEE</b>	<b>MENTOR</b>
Observations:	Comments:
Hands on Involvement/ Assistance:	Comments:
Conducted by:	Comments:
Would like to learn:	Comments:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Trainee

This session was supervised by: \_\_\_\_\_  
(Name & Signature)

# AEROBICS / FITNESS INSTRUCTOR CERTIFICATION COURSE

## Job Attachment

### Form C

Centre : \_\_\_\_\_ Supervisor : \_\_\_\_\_

Name of Trainee : \_\_\_\_\_ Period From : \_\_\_\_\_ To \_\_\_\_\_

### **SUMMARY OF TRAINEE'S WORK EXPERIENCE**

(To be updated by Trainee regularly)

<b>Session</b>	<b>Date/ Time</b>	<b>No. of Clients</b>	<b>Session's Main Activity</b>	<b>Remarks</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

I hereby certify that the above record is an accurate and true reflection of the trainee's work experience at our centre.

\_\_\_\_\_  
**Manager/ Supervisor's Signature**

\_\_\_\_\_  
**Date**