

Name: \_\_\_\_\_

**The course your son/daughter/ward has chosen to study includes industry standard units that will require regular close contact with their tutors and their peers. This is to allow for effective demonstration of industry standard practices and allow for regular enactment of these standards for training purposes. All demonstrations and practices would be carried out in a group setting and delivery/practice of said standards in line with industry recommendations.**

Some of the practices that would be carried out are detailed below.

## **Sport, Fitness & Personal Training Programmes**

- Skinfold assessments with peers and potential external clients that require exposure of abdomen, legs and shoulders
- Leading a variety of practical fitness sessions
- Taking part in sessions where instructors/peers may have to physically touch in order to correct technique
- Massage techniques which require students to work practically, making skin contact with peers, athletes and external clients as part of assessment.
- Health assessments with peers with external clients recording weight measurements

## **Sport Science Programmes**

- Skinfold assessments and anthropometry assessments with peers and potential external clients that require exposure of abdomen, legs and shoulders
- Finger prick procedures for blood lactate, blood glucose and blood cholesterol testing
- Participation in research trials that could include safe consumption of supplements or nutrition products and/or participation in maximal aerobic exercise
- Health assessments with peers and with external clients recording weight measurements

## **Sport Coaching Programmes**

- Delivering practical coaching sessions with external visitors
- Will be expected to coach external sessions potentially outside of timetabled lessons. This will predominantly be 9am-6pm (dependent on course needs)
- Skinfold assessments with peers and potential external clients that require exposure of abdomen, legs and shoulders

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- All learners on all courses will take part in external work based learning in their personal study time, and participate in compulsory enrichment (Sport and Fitness) as part of your timetabled hours.
- All learners must take part in all practical activities and must wear appropriate practical kit / Burnley College kit

## DECLARATION BY PARENT/CARER

- ☐ I agree to my son/daughter/ward taking part in these activities in order to fully complete their course
- ☐ I agree to any photographs which include my son/daughter/ward participating in such activities being used by Burnley College for marketing purposes
- ☐ In the case of an emergency I agree to my son/daughter/ward being given any medical treatment as considered necessary by the medical authorities present
- ☐ I declare my son/daughter/ward to be in good health and physically able to participate in activities
- ☐ I acknowledge the need for good conduct and responsible behaviour on their part and that the College reserves the right to prevent my son/daughter/ward continuing with the activity in the case of unacceptable behaviour
- ☐ I will ensure that any change in the circumstances (eg recent medication or injury) which will affect my son's/daughter's/ward's participation in the activities will be notified immediately to the College

Parent / Carer Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## DECLARATION BY STUDENT

- ☐ I agree to taking part in these activities in order to fully complete my course
- ☐ I agree to any photographs which include me participating in such activities being used by Burnley College for marketing purposes
- ☐ In the case of an emergency I agree to being given any medical treatment as considered necessary by the medical authorities present
- ☐ I declare to be in good health and physically able to participate in activities
- ☐ I acknowledge the need for good conduct and responsible behaviour on my part and that the College reserves the right to prevent me continuing with the activity in the case of unacceptable behaviour
- ☐ I will ensure that any change in the circumstances (eg recent medication or injury) which will affect my participation in the activities will be notified immediately to the College

Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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