**Learner Contact Details:**

Name:

Contact Address:

Postcode:

Contact Number:

E-mail:

**LEARNER DECLARATION**

*I confirm that the answers in Assessment 3 were completed by me, represent my own ideas and are my own work.*

Learner signature: Date:

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**Section 1: Understand the importance of exercising safely**

**Question 1. Describe how three pre-existing medical conditions may affect exercise choices. (AC 1.1)**

**1.**

**2.**

**3.**

**Question 2. Describe the principles of safe and appropriate exercise. (AC 1.2)**

**Question 3. Explain the importance of the FITT principle. (AC 1.3)**

**Question 4. Describe the importance of warm up and cool down. (AC 1.4)**

**Question 5. Describe why it’s important to exercise within ability and fitness levels. (AC 1.5)**

**Question 6. Explain how to avoid injury through safe exercise techniques. (AC 1.6)**

**Section 2: Know how to measure personal fitness levels**

**Question 7. Explain the 11 components of fitness: (AC 2.1)**

**1.**

**2.**

**3.**

**4.**

**5.**

**6.**

**7.**

**8.**

**9.**

**10.**

**11.**

**Question 8. Identify your own suitability to participate in fitness activities. (AC 2.2)**

**Question 9. Measure your own baseline fitness levels and write the results in the tables below: (AC 2.3)**

**Basic information:**

|  |  |
| --- | --- |
| **Baseline physical measurement** | **Result** |
| Age |  |
| Gender |  |
| Weight |  |
| Height |  |
| Resting heart rate |  |
| Blood pressure (if you have access to a blood pressure device) |  |
| BMI |  |
| Body fat percentage |  |

**Baseline fitness measurements:**

|  |  |  |
| --- | --- | --- |
| **Test** | **Fitness area** | **Original result** |
| Push-up test/sit-up test | Muscular endurance |  |
| Alternate hand wall toss | Coordination |  |
| Sit and reach test | Flexibility |  |
| Grip strength test | Strength |  |
| 30m sprint | Speed |  |
| Illinois agility test | Agility |  |
| Harvard step test | Cardiovascular fitness |  |
| Vertical jump test | Power |  |
| Standing stork test | Balance |  |

**List any pre-existing medical conditions (including injuries) you have:**

**List any medications you take:**

**Question 10. Compare three different ways of measuring body composition: (AC 2.4)**

**1.**

**2.**

**3.**

**Question 11. Explore ways in which technology and data can support individuals to measure fitness levels and achieve targets and goals. (AC 2.5)**

**Section 3: Know how to follow and appropriate personal programme of exercise and nutrition**

**Question 12. Set appropriate personal short and long-term goals and targets for: (AC 3.1)**

**Personal exercise:**

**Nutrition:**

**Questions 13-15 should be answered by filling in the personal exercise programme and nutrition plan templates using the following tables**

**Question 13. Plan a personal exercise programme that addresses the goals and targets you set in Question 12. (AC 3.2)**

**Question 14. Devise a nutrition plan to support the personal exercise programme. (AC 3.3)**

**Question 15. Follow and record progress towards the personal exercise programme and nutrition plan. (AC 3.4)**

Fill in your four-week exercise plan based on the short and long-term goals and targets you came up for Question 12 using the table below. Write down what you will do each day of the week – you can include rest days. When you have successfully completed each exercise in your plan, mark a Y in the last column. If you don’t complete an exercise, add an N to the last column and give a reason.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Week/Session** | **Exercise** | **Time (Mins)** | **Heart rate** | **Complete (Y/N) If no, give reasons** |
| *Example: 1 – Session 1* | *Warm up*  *Cycle machine*  *Cross trainer*  *Treadmill*  *Cycle machine*  *Cool down* | *5*  *10*  *10*  *10*  *10*  *5* | *-*  *120*  *120*  *120*  *120*  *-* |  |
| **Week 1** |  |  |  |  |
| **Week 2** |  |  |  |  |
| **Week 3** |  |  |  |  |
| **Week 4** |  |  |  |  |

**Nutrition plan**

Based on your personal exercise programme, fill in your own (appropriate) nutrition plan in the table on the following pages. Each day, when you have followed the plan, you could use a highlighter to mark each box. If you don’t follow the plan exactly, you could use a different coloured highlighter and add what you did eat into the ‘food not included in plan’ box.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Week 1 - example** | | | | | | | |
| **Meals** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Breakfast** | *Orange juice*  *Tea*  *Cereal and low fat milk* |  |  |  |  |  |  |
| **Lunch** | *Salad with grilled chicken*  *Water* |  |  |  |  |  |  |
| **Dinner** | *Grilled salmon, broccoli and carrots with boiled new potatoes* |  |  |  |  | EXAMPLE |  |
| **Snacks** | *a.m. apple p.m. low fat yogurt evening: wholemeal pita bread and houmous* |  |  |  |  |  |  |
| **Food not in plan** | *1*  *chocolate*  *biscuit* |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Week 1** | | | | | | | |
| **Meals** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Breakfast** |  |  |  |  |  |  |  |
| **Lunch** |  |  |  |  |  |  |  |
| **Dinner** |  |  |  |  |  |  |  |
| **Snacks** |  |  |  |  |  |  |  |
| **Food not in plan** |  |  |  |  |  |  |  |
| **Week 2** | | | | | | | |
| **Meals** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Breakfast** |  |  |  |  |  |  |  |
| **Lunch** |  |  |  |  |  |  |  |
| **Dinner** |  |  |  |  |  |  |  |
| **Snacks** |  |  |  |  |  |  |  |
| **Food not in plan** |  |  |  |  |  |  |  |
| **Week 3** | | | | | | | |
| **Meals** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Breakfast** |  |  |  |  |  |  |  |
| **Lunch** |  |  |  |  |  |  |  |
| **Dinner** |  |  |  |  |  |  |  |
| **Snacks** |  |  |  |  |  |  |  |
| **Food not in plan** |  |  |  |  |  |  |  |
| **Week 4** | | | | | | | |
| **Meals** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Breakfast** |  |  |  |  |  |  |  |
| **Lunch** |  |  |  |  |  |  |  |
| **Dinner** |  |  |  |  |  |  |  |
| **Snacks** |  |  |  |  |  |  |  |
| **Food not in plan** |  |  |  |  |  |  |  |

**Section 4 – Know how to evaluate the personal programme of exercise and nutrition**

**Question 16. Look back at the targets you set in Question 12 and outline what progress you have made against them. For example, have you fully, partially or not met each target? Give a short explanation for your progress for each. (AC 4.1)**

**Question 17. Measure current fitness levels and compare to original levels. (AC 4.2)**

**In the following chart, record your scores from your original baseline tests and the results from the same baseline tests that you should do at the end of our programme.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Test** | **Fitness area** | **Original result** | | **Post-programme result** |
| Push-up test/sit-up test | Muscular endurance | |  |  |
| Alternate hand wall toss | Coordination | |  |  |
| Sit and reach test | Flexibility | |  |  |
| Grip strength test | Strength | |  |  |
| 30m sprint | Speed | |  |  |
| Illinois agility test | Agility | |  |  |
| Harvard step test | Cardiovascular fitness | |  |  |
| Vertical jump test | Power | |  |  |
| Standing stork test | Balance | |  |  |

**Question 18. Evaluate the personal exercise programme. Answer the following questions: (AC 4.3)**

**How successful do you feel your programme has been?**

**Has your performance improved?**

**What has worked well?**

**What would you improve on if you were to plan a personal exercise programme again?**

**What have you learned from completing the programme? Would you do anything differently?**

**Question 19. Evaluate the nutrition plan. Answer the following questions: (AC 4.4)**

**How successful do you feel your plan has been?**

**Has your plan adequately supported your personal exercise programme?**

**Have you achieved your goal(s)/target(s)? Give an explanation for both ‘yes’ and ‘no’ answers.**

**Do you feel healthier?**

**What has worked well in your plan?**

**What would you improve on if you were to plan a nutrition plan again?**

**What have you learned from completing the plan? Would you do anything differently?**

**Question 20. Review and amend your targets and exercise programme and nutrition plan. (AC 4.5)**

Write the targets you set at the beginning of your exercise programme and nutrition plan in the space below:

**Exercise programme:**

**Nutrition plan:**

**Next, ask yourself the following questions about each target:**

* Did I achieve it?
* If not, why not?
* How appropriate was it?
* How realistic was it?
* Were there factors that you didn’t take into account that impacted it?

**Update your targets**

Using the insight you have gained from the review questions, in the space below, write down your amended exercise programme and nutrition plan targets:

**Exercise programme:**

**Nutrition plan:**

We would appreciate your feedback about your learning experience. Please click on the link below to complete our survey.

<https://docs.google.com/forms/d/e/1FAIpQLSdvf95HbCTCTyPfbqos584DGRvXw_k-Yar_2URzM39p5VbLRw/viewform>

**Well done!**

**You have completed your Assessment 3, please check you have answered all the questions and signed the learner declaration on the front page, before submitting to your Assessor/Tutor.**