

This application form is only for individuals applying for registration as a **REPs Registered Exercise Specialist**.

IMPORTANT - Please read this before you start.

To successfully complete your application, you **MUST HAVE the following before you start**. Any missing parts will delay the processing of your application. For valuable information to help you complete the registration application, please go online to www.reps.org.nz/registernow

Qualification

All registration applications for REPs Registered Exercise Specialist require an appropriate undergraduate degree or equivalent with at least the specific exercise science content as per our detailed level descriptor document.

Note that the degree does not necessarily need to be specifically in exercise science; it is acknowledged that many general sport and exercise degrees contain substantial exercise science content even if not obviously apparent in the title of the degree. See section 10 of this application form for full details.

First Aid/CPR Certificate

You are required to supply a copy of a current Comprehensive First Aid certificate, or if you are working exclusively from a Registered Exercise Facility, a current CPR certificate. More information is available at www.reps.org.nz/firstaid

Continuing Professional Development (CPD)

REPs Registered Exercise Specialists are required to undertake at least 10 points of REPs approved Continuing Professional Development (CPD) per registration year.

Payment

Before REPs can complete your application, payment must be made. If you elect to pay by monthly payments, download the agreement form at www.reps.org.nz/dd. Then scan and return the agreement and direct debit form to us.

Section 1: Personal Details

IMPORTANT: * INDICATES FIELDS WHICH ARE MANDATORY FOR THIS SECTION. INCOMPLETE INFORMATION WILL DELAY PROCESSING.

First Name *

Last Name *

Postal Address *

Suburb

City *

Postcode *

Email Address *

Phone *

(mobile or home)

Date of Birth *

 / /

Male/Female *

Section 2: Your Workplace

List all exercise facilities you operate from (including branch names) if you operate from a facility.

Is this a facility a REPs Registered Exercise Facility?

A list can be found on the REPs website (click search facility, www.reps.org.nz)

Yes

No

Section 3: Level of Registration

Please tick the level(s) of registration for which you are applying.
If you select more than one level you only pay the fee of the highest level selected.

| 1. Exercise Prescription | Fee if at a Registered Facility | Fee if not at a Registered Facility |
|---|---------------------------------|-------------------------------------|
| <input type="checkbox"/> REPs Registered Exercise Specialist | \$117.00 | \$190.00 |
| <input type="checkbox"/> REPs Registered Exercise Specialist Contractor Includes Insurance | \$297.00 | \$418.00 |
| 2. Group Exercise | | |
| If you also hold a REPs recognised Group Exercise qualification, and wish to add this level of registration, please tick one of the two Group Exercise options. | | |
| <input type="checkbox"/> Group Exercise Own Choreography (Freestyle using own choreography) | | |
| <input type="checkbox"/> Group Exercise Pre Choreographed (Les Mills, CityFitness) | | |
| 3. Yoga Teacher | | |
| <input type="checkbox"/> Registered Yoga Teacher | | |
| <input type="checkbox"/> Registered Yoga Teacher Contractor Includes Insurance | \$149.00 | \$197.00 |

ENTER THE REGISTRATION FEE ABOVE IN **BOX A** ON PAGE 4.

Section 4: First Aid

YOU MUST ATTACH A COPY OF YOUR CERTIFICATE TO YOUR APPLICATION

- I hold a current Comprehensive Workplace First Aid certificate.**
This enables me to work anywhere.
- I hold a current CPR certificate.**
This enables me to work exclusively within the premises of a Registered Exercise Facility only.

Please go to www.reps.org.nz/firstaid for full information.

Section 5: Qualification

Please refer to section 10 for detailed information on the qualification requirements.

IMPORTANT: In all cases, please attach copies of degree completion certificates **and** a transcript indicating matriculation/graduation.

| Name of Academic Institution | Name of Degree | Date completed (month and year) |
|------------------------------|----------------|---------------------------------|
| | | |
| | | |

Section 6: Optional Email Address

FOR PERSONAL TRAINER CONTRACTORS Check out www.reps.org.nz/registernow for more information

Section 7: Insurance

This section applies to those who register at a level with insurance included.

NOTE: Contractors to facilities are not normally covered by any facility's workplace insurance.

IMPORTANT: YOU MUST COMPLETE SECTIONS A TO F OF THIS INSURANCE FORM

| | | |
|----------|--|--|
| A | List activities you undertake e.g (Personal Training, Aerobics Classes) <i>See note 1 below.</i> | <input type="text"/> <input type="text"/> |
| B | Have you had any previous claims in respect to the insurance being applied for? | <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details in space below) |
| C | What was your total income in the last completed financial year? (excl GST) if you have just started business please tick "just started" | <input type="checkbox"/> Under \$50,000 <input type="checkbox"/> Just Started |
| D | Over \$50,000. Please write actual amount. | \$ <input type="text"/> |
| E | Have you ever been subject to disciplinary proceedings for professional misconduct? | <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details in space below) |
| F | Are you aware of any claims, or circumstances which may result in claims against you? | <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details in space below) |

NOTE 1. These activities must be within your role as an exercise professional, and within the scope of your knowledge, competency and skill.

NOTES:

Insurance Agreement:

Insurance Agreement: On behalf of all proposed Insureds I/We declare and agree that:

- All information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- If this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- I/We understand that Lumley requires this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, any information retained;
- Lumley is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- Lumley is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;
- Lumley is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- The signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by Lumley. I/We agree to accept the terms, exceptions and conditions contained in the Professional Indemnity Insurance policy as modified or extended by any endorsements thereon or the policy schedule or on any certificate of insurance issued to me/us by Lumley in lieu of a policy.

I/We agree that REPs reserves the right to change insurer at any time. This may result in changes to the terms and conditions of the cover, but REPs will ensure the level of cover is comparable.

Lumley, a business division of IAG New Zealand Limited

Section 8: Payment and Tax InvoiceONCE PAID GST#60-354-960
Exercise Association of New Zealand Incorporated

| | | |
|---|----------------------------------|--------------|
| Registration Fee (from section 3). | \$ | BOX A |
| Application fee: For first time or expired registrations | <input type="checkbox"/> \$57.50 | BOX B |
| Urgent Processing Fee (7 working day processing - tick if required) | <input type="checkbox"/> \$50.00 | BOX C |
| Total Fee (please add the values together in Box A, B, C) | \$ | BOX D |

Section 9: Payment Details

Select ONE of the 3 payment options

 Credit Card Payment Visa/Mastercard/Debitcard only

Card Number _____ - _____ - _____ - _____ Security Code (3 digits on signature panel) _____

Expiry ____ / ____ / ____ I authorise REPs to charge my credit card with \$ _____

Name of Card holder : _____

FROM BOX D

Signature of Card Holder : _____

- Payment to Bank Account.** Please make payment of the total fee to account number 12-3011-0086800-05 with your surname, first name and city as reference. Payment is to be made on the day the form is sent to REPs.
- Monthly Payments** (please download the forms from reps.org.nz/dd. Simply post the payment agreement and DD form to REPs).

Section 10: Terms and Conditions

I wish to apply for REPs Associate membership of the Exercise Association of New Zealand Inc. My associate membership includes REPs registration as one of my benefits. I agree (please read carefully):

- That all information provided is accurate and true.
- That all online transactions and declarations are binding, and I won't disclose any passwords to others.
- That REPs registration is purchased for my business or occupational purposes.
- To be bound by the REPs Code of Ethical Practice (a copy can be downloaded at www.reps.org.nz).
- That REPs has permission to contact third parties to verify details of my registration application. I allow REPs to share my contact details to third parties that provide services (e.g. ExerciseNZ, Australian Fitness Network, PT Council etc), and for them to contact me.
- That if operating from a Registered Exercise Facility, REPs is authorised to share and request information with/from the facility for the purposes of completing or verifying registration, or for other facility compliance requirements.
- To complete any audits or reviews REPs may undertake to verify my level of registration and/or competencies.
- To allow REPs to disclose to third parties my registration status, and any reasons for non-registration.
- To undertake any training or assessment at my own cost that REPs identifies as needed to maintain registration.
- For those with insurance, REPs reserves the right to change insurer at any time. This may result in changes to the terms and condition of the cover, but the level of cover will be comparable
- To keep my Comprehensive First Aid, or CPR certificate current at all times in line with REPs First Aid/CPR policy which is viewable at the link www.reps.org.nz/firstaid.
- To undertake sufficient Continuing Professional Development (CPD). Currently 10 CPD points per registration year.
- To maintain a valid email address at all times, and receive all email communications from REPs.
- To make payment of the registration fee to REPs, and that payment is for application, not acceptance. Refunds are not given for unsuccessful registrations. I agree that collections costs are payable by me should I default on any payment due to REPs.
- All payments for associate registration membership are for 12 months, and refunds are not given for change of mind, unsuccessful registration, or failure to meet registration standards. As the registration years runs from 1 October to 30 September, applications received part way through this period still pay for a full year, and receive a credit equal to the unused months which is applied to re-registration on 1 October (e.g. a person registering on 1 March 2020 pays for a full 12 months, and first re-registers on 1 October 2020, with a 5 month credit). There are no refunds if the credit is not used at the first re-registration.
- This agreement is between the applicant and the Exercise Association of New Zealand Incorporated. NZ Register of Exercise Professionals (REPs) is a trading name of the Exercise Association of New Zealand Incorporated.

By signing here I agree to the terms and conditions above

Date: ____ / ____ / ____

Signed:

Sending your application

PLEASE SEND YOUR COMPLETED APPLICATION (PAGES 1 TO 4) TO REPs IN THE FOLLOWING WAYS:
Postal Address: REPs PO Box 22374, Christchurch 8140
Email and scan: info@reps.org.nz

Section 10: Detailed Qualification Requirement

Level: Exercise Specialist

1. Qualification requirement

An individual at the level of expertise for Exercise Specialist will hold a New Zealand issued undergraduate degree or equivalent with at least the specific exercise science content as per the schedule below*. Note that the degree does not necessarily need to be specifically in exercise science; it is acknowledged that many general sport and exercise degrees contain substantial exercise science content even if not obviously apparent in the title of the degree.

2. Experience requirement

An Exercise Specialist is expected to work in the health and exercise industry with considerable experience (minimum 500 hours#). In addition to the expectations and competencies of Exercise Assistant, Exercise Consultant (I and II) and Personal Trainer levels, they are endorsed to perform the activities as detailed in the descriptor column on the table following:

- Prescribe personalised physical or health rehabilitation services
- Undertake fundamental movement competency screening
- Perform advanced fitness testing
- Provide comprehensive personalised exercise prescription
- Provide sports specific exercise prescription
- Give general nutrition or dietary advice to clients on fat loss, muscle gain and general health

A self-logged account or statement verified by employer and or clients. A minimum of 100 hours (total) of experience with a combination of at least four of the population groups nominated in section 4b below is compulsory.

Exercise Specialists are **not** endorsed to:

- Prescribe rehabilitation programmes for high risk populations unless under the guidance of a rehabilitation specialist such as a clinical exercise physiologist or medical practitioner.
- Provide exercise assessments on high risk populations, such as cardiovascular stress testing
- Provide individualised nutritional advice for special populations unless under the guidance of a registered dietician
- Diagnose disease
- Diagnose musculoskeletal conditions

3. Degree content requirements

*Specific exercise science content must comprise of at least 225 points total within a degree and include each of the following at the specified academic credits and level (or equivalent):

- Detailed musculoskeletal anatomy (minimum 15 credits level 5)
- Human physiology (minimum 15 credits level 5)
- Fundamental biomechanics (minimum 15 credits level 5)
- Applied biomechanics (minimum 15 credits level 6)
- Exercise physiology (minimum 15 credits level 5)
- Fundamental exercise prescription for resistance training, cardiovascular conditioning, flexibility (minimum 15 credits level 5)
- Applied exercise prescription (minimum 15 credits level 6)
- Fitness assessment (minimum 15 credits level 5)
- Nutrition (minimum 15 credits level 5)
- Symptomatic populations patho-physiology, recommendations and contraindications (minimum 15 credits level 6)
- Sports conditioning (minimum 15 credits level 6)
- Exercise psychology (minimum 15 credits level 6)
- Physical activity and health promotion (minimum 15 credits level 6)
- Exercise science research methods and analysis (minimum 30 credits level 7)

It is recognised that the above content may exist discreetly across a variety of papers / modules / courses within a degree rather than as specifically nominated topics. In such cases, evidence should be provided to detail approximate total point value of each topic area. Additionally, some point may be embedded in other content, for example research methods may underpin all higher-level papers and thus be delivered in specific context. Where such content is demonstrable the total points needed may be less than 225.

4. An Exercise Specialist will have the following knowledge and competencies:

a. Evidence based, inter-professional practice

- Underpins their practice by accessing, consuming and critically evaluating a broad range of health and fitness research literature
- Understands the scope of practice for a range of allied health professionals and how inter-professional networks mutually compliment professional practice
- Applies knowledge and understanding to recognise, assess and refer on appropriate clients to a other health professionals as required
- Understands and can articulate their own scope of practice

Level: Exercise Specialist continued



b. Exercise for symptomatic and special populations

The criteria below refer specifically to the following:

- Diabetes, types I and II
 - Cardiovascular disease
 - Hypertension
 - Osteoarthritis
 - Rheumatoid arthritis
 - Respiratory conditions
 - Obesity
 - Osteoporosis
 - Pre adolescents and adolescents
 - Ante/post natal clients
 - Older adults
- Can identify risk factors for conditions that require consultation with a medical practitioner and rehabilitation specialist before exercise prescription
 - Applies and interprets screening tools to determine the suitability of exercise and physical activity interventions for symptomatic and special populations (risk stratification)
 - Understands how the structure and function of basic body systems are affected by disorders and disease (patho-physiology)
 - Has detailed knowledge of disease-specific signs and symptoms increasing the risk of complications during exercise
 - Selects appropriate fitness tests or modifies standard protocols to accommodate monitoring of symptomatic and special populations
 - Understands the effects of commonly prescribed medications on exercise response and adaptation
 - Prescribes safe and appropriate physical activity and exercise (endurance and resistance) programmes for symptomatic and special populations based on condition specific recommendations and contraindications

Understands the role for exercise and physical activity participation in the prevention of diseases

c. Anatomy, physiology, biomechanics

- Has detailed knowledge of human anatomy, physiology and biomechanics and how such knowledge underpins effective programming practice for:
 - Resistance training
 - Cardiovascular training
 - Flexibility
- Understands the physiological responses and adaptations of the neuromuscular, cardiovascular, respiratory and endocrine systems to exercise and training and how such knowledge underpins effective programming practice for:
 - Resistance training
 - Cardiovascular training
 - Flexibility

d. Motivation, adherence and exercise behaviour

- Understands the theories and principles of motivation and adherence to exercise at the individual level
- Applies and evaluates psychological principles to understand client behaviour in a physical activity/exercise setting

e. Nutrition and body composition

- Understands basic principles and concepts of nutrition and how they relate to exercise and general health
- Applies basic dietary assessment methodologies, and can explain the nutritional requirements for muscle hypertrophy and fat loss
- Understands the role of nutrition in health and wellbeing, and in the reduction of the incidence of lifestyle diseases

f. Physical Activity and Health Promotion

- Can describe national health trends and key strategies implemented to remedy identified issues

g. Exercise prescription and assessment

- Can perform fundamental movement competency (dynamic posture) analysis and customize exercise prescription accordingly
- Has advanced applied knowledge of exercise prescription including exercise modality options and programme design
- Has advanced applied knowledge of resistance training techniques and the ability to safely and effectively coach them
- Can design and implement a sports specific periodised programme
- Understands the biomechanical demands, muscle actions, motor skills and role of energy systems in different sports and their relevance to designing effective sports conditioning programmes

Can safely and effectively conduct a range of fitness assessments of all components of fitness, appropriate to the client, and use the results to inform programming practice